

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90111 033 \*\*\*150.00

**DOCUMENT # P31725**

1. Entity Name  
**CREDIT ACCEPTANCE CORPORATION**



Principal Place of Business  
**25505 WEST 12 MILE RD  
SUITE 3000  
SOUTHFIELD, MI 48034-8339**

Mailing Address  
**P.O. BOX 5070  
SOUTHFIELD, MI 48086 US**

**50049483**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**38-1999511**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MCCLUSKEY, KEITH**  
STREET ADDRESS **251 LINCOLN RD**  
CITY-ST-ZIP **GROSSE POINTE, MI 48230**

TITLE ☒ Change ☐ Addition  
NAME **25505 W. 12 Mile Road**  
STREET ADDRESS **Southfield, MI 48034**  
CITY-ST-ZIP

TITLE **DC** ☐ Delete  
NAME **FOSS, DONALD A**  
STREET ADDRESS **3101 DOBSON**  
CITY-ST-ZIP **ANN ARBOR, MI 48105**

TITLE ☒ Change ☐ Addition  
NAME **25505 W. 12 Mile Road**  
STREET ADDRESS **Southfield, MI 48034**  
CITY-ST-ZIP

TITLE **CEO** ☐ Delete  
NAME **ROBERTS, BRETT A**  
STREET ADDRESS **1015 LAKE PARK**  
CITY-ST-ZIP **BIRMINGHAM, MI 48009**

TITLE **CEO D** ☒ Change ☐ Addition  
NAME **25505 W. 12 Mile Road**  
STREET ADDRESS **Southfield, MI 48034**  
CITY-ST-ZIP

TITLE **CFOT** ☐ Delete  
NAME **BUSK, DOUGLAS W**  
STREET ADDRESS **6552 CANMOOR**  
CITY-ST-ZIP **TROY, MI**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **25505 W. 12 Mile Road**  
STREET ADDRESS **Southfield, MI 48034**  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **CRAIG, HARRY E**  
STREET ADDRESS **19680 CHESTERFIELD ROAD**  
CITY-ST-ZIP **DETROIT, MI**

TITLE **CEO** ☐ Change ☒ Addition  
NAME **Kenneth S. Booth**  
STREET ADDRESS **25505 West 12 Mile Road**  
CITY-ST-ZIP **Southfield, MI 48034**

TITLE **S** ☐ Delete  
NAME **PEARCE, CHARLES A**  
STREET ADDRESS **1750 GLENEAGLES**  
CITY-ST-ZIP **HIGHLAND, MI 48357**

TITLE ☒ Change ☐ Addition  
NAME **25505 W. 12 Mile Road**  
STREET ADDRESS **Southfield, MI 48034**  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles Pearce**

**4/21/05**

Date

Daytime Phone #