

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000000800

1. Entity Name
BAR NONE CONSUMER FINANCE, INC.

Principal Place of Business 1735 TECHNOLOGY DRIVE, SUITE 420 SAN JOSE CA 95110	Mailing Address 1735 TECHNOLOGY DRIVE, SUITE 420 SAN JOSE CA 95110
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2. Principal Place of Business 6800 KOLL CENTER PARKWAY	3. Mailing Address 6800 KOLL CENTER PARKWAY
Suite, Apt. #, etc. SUITE 320	Suite, Apt. #, etc. SUITE 320

City & State PLEASANTON CA	City & State PLEASANTON CA	4. FEI Number 77-0526476	Applied For <input type="checkbox"/>
Zip 94566	Country	Zip 94566	Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE **03/13/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DOERNER ANGELIA M <input type="checkbox"/> Delete 1735 TECHNOLOGY DRIVE, SUITE 420 SAN JOSE CA 95110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUSE JAMES L <input type="checkbox"/> Delete 1735 TECHNOLOGY DRIVE, SUITE 420 SAN JOSE CA 95110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DOERNER ANGELIA M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6800 KOLL CENTER PARKWAY, SUITE 320 PLEASANTON CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUSE JAMES L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6800 KOLL CENTER PARKWAY, SUITE 320 PLEASANTON CA 94566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angelia M. Doerner VS 03/13/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)