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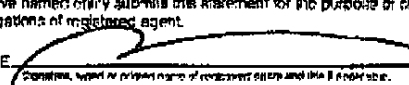

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**2006 FOR PROFIT CORPORATION
 REINSTATEMENT**

DOCUMENT # F00000000800			
1. Entity Name BAR NONE CONSUMER FINANCE, INC.			
Principal Place of Business 6800 KOLL CENTER PARKWAY SUITE 320 PLEASANTON, CA 94566		Mailing Address 6800 KOLL CENTER PARKWAY SUITE 320 PLEASANTON, CA 94566	
2. Principal Place of Business		3. Mailing Address	
SUITE, APT. #, etc.		SUITE, APT. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FRI Number 77-0526476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 		Stacy M. Rosenthal Vice President and Assistant Secretary DATE: 01/05/2006	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PO CROUSE, JAMES L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUSE, JAMES L	NAME	
STREET ADDRESS	6800 KOLL CENTER PARKWAY, SUITE 320	STREET ADDRESS	
CITY-ST-ZIP	PLEASANTON, CA 94566	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 create 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 		PRESIDENT 11/23/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

REINSTATEMENT 05-06


James L Crouse

2052

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

BAR NONE CONSUMER FINANCE, INC.

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