

1.) CORPORATION NAME:

**CONSUMER PORTFOLIO SERVICES, INC.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1179664**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 19500 JAMBOREE

CITY/ST/ZIP: IRVINE, CA 92612

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CHARLES E. BRADLEY, JR. TITLE: PRESIDENT ADDRESS: 19500 JAMBOREE RD CITY/ST/ZIP/CO: IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENESH BHARWANI TITLE: VICE PRESIDENT ADDRESS: 19500 JAMBOREE ROAD CITY/ST/ZIP/CO: IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TERI ROBINSON TITLE: SR VP ADDRESS: 19500 JAMBOREE ROAD CITY/ST/ZIP/CO: IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK A CREATURA TITLE: SR VP/ SEC ADDRESS: 19500 JAMBOREE CITY/ST/ZIP/CO: IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFFREY P FRITZ TITLE: SR VP & CFO ADDRESS: 19000 JAMBOREE ROAD CITY/ST/ZIP/CO: IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL T. LAVIN TITLE: SR VP ADDRESS: 19500 JAMBOREE ROAD CITY/ST/ZIP/CO: IRVINE, CA 92612	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	CURTIS K POWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	ROBERT E RIEDL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP, CIO		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	CHRIS TERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	CHRIS ADAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	523 LLOYD		
CITY/ST/ZIP/CO:	LATROBE, PA 15650		
NAME:	BRIAN RAYHILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 PLEASANT STREET		
CITY/ST/ZIP/CO:	DARIEN, CT 06820		
NAME:	WILLIAM B. ROBERTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	126 EAST 56TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	GREG WASHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3187 PULLMAN STREET		
CITY/ST/ZIP/CO:	COSTA MESA, CA 92626		
NAME:	DANIEL S. WOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 DEPOT ST.		
CITY/ST/ZIP/CO:	LATROBE, PA 15650		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL T. LAVIN	MICHAEL T. LAVIN, SR VP	5/23/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.