

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334982

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** SPRINGLEAF FINANCIAL SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

601 NW 2ND STREET  
EVANSVILLE, IN 47708

**New Principal Place of Business:**

601 NW 2ND STREET  
TAX DEPT.  
EVANSVILLE, IN 47708

**Current Mailing Address:**

601 NW 2ND STREET  
EVANSVILLE, IN 47708

**New Mailing Address:**

601 NW 2ND STREET  
TAX DEPT.  
EVANSVILLE, IN 47708

**FEI Number:** 35-1148969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TAYLOR, GARY L  
Address: 601 N.W. 2ND ST.  
City-St-Zip: EVANSVILLE, IN 47708

Title: ATO  
Name: BLYTHE, TIMOTHY W  
Address: 601 NW SECOND ST  
City-St-Zip: EVANSVILLE, IN 47708

Title: SVP  
Name: COLE, ROBERT A  
Address: 601 N.W. SECOND ST.  
City-St-Zip: EVANSVILLE, IN 47708

Title: VPS  
Name: ERKILLA, JACK R  
Address: 601 NORTHWEST SECOND STREET  
City-St-Zip: EVANSVILLE, IN 47708

Title: TVP  
Name: BINYON, BRYAN A  
Address: 601 N.W. 2ND ST.  
City-St-Zip: EVANSVILLE, IN 47708

Title: DSVC  
Name: BREIVOGEL, DONALD R JR  
Address: 601 N.W. SECOND ST.  
City-St-Zip: EVANSVILLE, IN 47708

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY W. BLYTHE

ATO

04/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date