

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334982

FILED
Apr 27, 2012
Secretary of State

Entity Name: SPRINGLEAF FINANCIAL SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 35-1148968 **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: SVPS
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

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date