


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90102 030 \*\*\*150.00

<b>DOCUMENT # F05000003363</b> 1. Entity Name <b>CASH AMERICA FINANCIAL SERVICES, INC.</b>	
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Principal Place of Business <b>1600 W. 7TH STREET FORT WORTH, TX 76102</b>	Mailing Address <b>1600 W. 7TH STREET FORT WORTH, TX 76102</b>
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**60011745**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01232007 Chg-P CR2E034 (12/06)

4. FEI Number <b>75-2850207</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CAPITOL CORPORATE SERVICES, INC.</b> <b>155 OFFICE PLAZA DR.</b> <b>SUITE A</b> <b>TALLAHASSEE, FL 32301</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD FEEHAN, DANIEL R	TITLE	EVP & Secretary J. Curtis Linscott
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1600 W. 7TH STREET	STREET ADDRESS	1600 West 7th St
CITY-ST-ZIP	FORT WORTH, TX 76102	CITY-ST-ZIP	Fort Worth, TX 76102
TITLE	CEOD KAUFMANN, JAMES H	TITLE	VP & Treasurer Austin D. Nettle
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1600 W. 7TH STREET	STREET ADDRESS	1600 West 7th St.
CITY-ST-ZIP	FORT WORTH, TX 76102	CITY-ST-ZIP	Fort Worth, TX 76102
TITLE	COO KAUFMANN, JAMES H	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1600 W. 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH, TX 76102	CITY-ST-ZIP	
TITLE	ST GASTON, MICHAEL D	TITLE	EVP
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1600 W. 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH, TX 76102	CITY-ST-ZIP	
TITLE	AT BESSANT, THOMAS A JR.	TITLE	EVP & CFO
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1600 W. 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH, TX 76102	CITY-ST-ZIP	
TITLE	AT CLAY, DAVID J	TITLE	VP-Finance
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1600 W. 7TH ST.	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH, TX 76102	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 execute 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:** *J. Curtis Linscott* **J. Curtis Linscott** 1-29-07 817-335-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #