


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90011 014 ***150.00

DOCUMENT # F05000003363

1. Entity Name
CASH AMERICA FINANCIAL SERVICES, INC.



Principal Place of Business 1600 W. 7TH STREET FORT WORTH, TX 76102	Mailing Address 1600 W. 7TH STREET FORT WORTH, TX 76102
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



01112008 Chg-P CR2E034 (12/06)

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	Director, President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FEEHAN, DANIEL R			NAME	Jerry A. Wackerhagen		
STREET ADDRESS	1600 W. 7TH STREET			STREET ADDRESS	1600 W. 7th Street		
CITY-ST-ZIP	FORT WORTH, TX 76102			CITY-ST-ZIP	Fort Worth, TX 76102		
TITLE	CEOD	<input checked="" type="checkbox"/> Delete		TITLE	EVP & Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KAUFMANN, JAMES H			NAME	J. Curtis Linscott		
STREET ADDRESS	1600 W. 7TH STREET			STREET ADDRESS	1600 W. 7th Street		
CITY-ST-ZIP	FORT WORTH, TX 76102			CITY-ST-ZIP	Fort Worth, TX 76102		
TITLE	COO	<input checked="" type="checkbox"/> Delete		TITLE	VP & Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KAUFMANN, JAMES H			NAME	Austin D. Nettle		
STREET ADDRESS	1600 W. 7TH STREET			STREET ADDRESS	1600 W. 7th Street		
CITY-ST-ZIP	FORT WORTH, TX 76102			CITY-ST-ZIP	Fort Worth, TX 76102		
TITLE	EVP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GASTON, MICHAEL D			NAME			
STREET ADDRESS	1600 W. 7TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT WORTH, TX 76102			CITY-ST-ZIP			
TITLE	EVCF	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BESSANT, THOMAS A JR.			NAME			
STREET ADDRESS	1600 W. 7TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT WORTH, TX 76102			CITY-ST-ZIP			
TITLE	VPF	<input type="checkbox"/> Delete		TITLE	Sr. VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAY, DAVID J			NAME			
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 1-27-08 817-335-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

J. CURTIS LINSOTT