2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 23, 2005 08:00 AM **Secretary of State** DOCUMENT # P15708 1. Entity Name SERVICE FINANCE CORPORATION Principal Place of Business Mailing Address 419 KEY EXECUTIVE BLDG. . . 419 KEY EXECUTIVE BLDG. 104 CRANDON BLVD 104 CRANDON BLVD KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3164478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPENCER, S.A. DO NOT WRITE 251 CRANDON BLVD. #164 IN THIS SPACE KEY BISCAYNE, FL 33149 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, typed or printed name of registered agent and little it applicable (NOTE Registered Agent signature required when reinstating) H00000240328 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be 02/23/05-80026-021 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DONAGHY, JAMES W. STREET ADDRESS 7 RIDGEWOOD DRIVE BRIDGEWATER, CT 06752 CITY-ST-ZIP TITLE SPENCER, S.A. NAME STREET ADDRESS. 251 CRANDON BLVD. #164 CITY-ST-ZIP KEY BISCAYÑE, FL 33149 TITLE LEISCHNER, STEVEN NAME STREET ADDRESS 1979 DOGWOOD DR DO NOT WRITE SCOTCH PLAINS, NJ 07076 CITY-ST-ZIP IN THIS SPACE TITLE DENIS, LYNNE STREET ADDRESS 630 THIRD AVENUE 7TH FLOOR CITY-SY-ZIP NEW YORK, NY 10017 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report of 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:

STREET ADDRESS CITY-ST-ZIP