

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18491

FILED
Apr 16, 2004
Secretary of State

Entity Name: SAAB FINANCIAL SERVICES CORP.

Current Principal Place of Business:

17500 CHENAL PARKWAY
SUITE 300
LITTLE ROCK, AR 72223

New Principal Place of Business:

Current Mailing Address:

17500 CHENAL PARKWAY
SUITE 300
LITTLE ROCK, AR 72223

New Mailing Address:

FEI Number: 06-1221648

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIBSON, JOHN E
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 482652000

Title: D () Delete
Name: VAN ORMAN, JEROME B JR
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 482652000

Title: DP () Delete
Name: PRITCHARD, TOMMY E
Address: 17500 CHENAL PARKWAY STE 201
City-St-Zip: LITTLE ROCK, AR 722239131

Title: DEVC () Delete
Name: VOSS, LINDA I
Address: 17500 CHENAL PARKWAY STE 201
City-St-Zip: LITTLE ROCK, AR 722239131

Title: S () Delete
Name: QUENNEVILLE, CATHY L
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 482652000

Title: AS () Delete
Name: BORCHERT, SYLVIA L
Address: 17500 CHENAL PARKWAY STE 201
City-St-Zip: LITTLE ROCK, AR 722239131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DTEV (X) Change () Addition
Name: LACOMBE, LAWRENCE B
Address: 17500 CHENAL PARKWAY STE 201
City-St-Zip: LITTLE ROCK, AR 722239131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SYLVIA BORCHERT

AS

04/16/2004

Electronic Signature of Signing Officer or Director

Date