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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33514 (1)

1. Corporation Name
FINOVA GOVERNMENT FINANCE, INC.



Principal Place of Business: 1850 N CENTRAL AVE MS 4400-1130 PHOENIX AZ 85002 85004 US
Mailing Address: 1850 N CENTRAL AVE MS 4400-1130 PHOENIX AZ 85007-0001 85004 US

3. Date Incorporated or Qualified: 04/08/1991
3a. Date of Last Report: 04/17/1996
4. FEI Number: 22-2792498
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: Suite, Apt #, etc: TMS 1130 City & State: City & State: Zip: 85002-2209 Country: 2a. Mailing Address: Suite, Apt #, etc: TMS 1130 City & State: Zip: 85002-2209 Country:

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1.1 TITLE: PD
1.2 NAME: SMITH, DAVID J.
1.3 STREET ADDRESS: 3601 MINNESOTA DR. #980
1.4 CITY-ST-ZIP: BLOOMINGTON MN
 DELETE
2.1 TITLE: V
2.2 NAME: BAUMAN, FREDERICK C.
2.3 STREET ADDRESS: 95N RT. 17 SOUTH
2.4 CITY-ST-ZIP: PARAMUS NJ
 DELETE
3.1 TITLE: DELETE
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
 DELETE
4.1 TITLE: DELETE
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
 DELETE
5.1 TITLE: DELETE
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: Schedule ATTACHED
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: Senior Vice President Change Addition
2.2 NAME:
2.3 STREET ADDRESS: 100M N Central Ave PO Box 2209
2.4 CITY-ST-ZIP: Phoenix AZ 85002-2209
3.1 TITLE: Director, CEO Change Addition
3.2 NAME: Eichenfield, Samuel L.
3.3 STREET ADDRESS: 1850 N. Central Ave, P.O. Box 2209
3.4 CITY-ST-ZIP: Phoenix AZ 85002-2209
4.1 TITLE: Director, President Change Addition
4.2 NAME: Lapp, Parker
4.3 STREET ADDRESS: 1850 N. Central Ave P.O. Box 2209
4.4 CITY-ST-ZIP: Phoenix, AZ 85002-2209
5.1 TITLE: Senior Vice President (Secretary) Change Addition
5.2 NAME: Hallinan, William J.
5.3 STREET ADDRESS: 1850 N. Central Ave P.O. Box 2209
5.4 CITY-ST-ZIP: Phoenix, AZ 85002-2209
6.1 TITLE: Assistant VP, Treasury Operations Change Addition
6.2 NAME: Huckins, Melissa C.
6.3 STREET ADDRESS: 1850 N. Central Ave P.O. Box 2209
6.4 CITY-ST-ZIP: Phoenix AZ 85002-2209

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ V. D. CIANGOLA ASST. SECRETARY APR 02 1997 (602) 207-4024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)