

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000063987 (9)**

1. Corporation Name

FIDELITY FINANCIAL LOAN COMPANY



Principal Place of Business

Mailing Address

330 2ND AVE. SO. #790
MINNEAPOLIS MN 55401

330 2ND AVE. SO. #790
MINNEAPOLIS MN 55401

21 2. Principal Place of Business
1100 Main St.

2a. Mailing Address
26 **1100 Main St.**

22 Suite, Apt. #, etc.
2350

27 Suite, Apt. #, etc.
2350

23 City & State
Kansas City, MO

28 City & State
Kansas City, MO

24 Zip
64105

25 Country

29 Zip
64105

30 Country

3. Date incorporated or Qualified
08/26/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0578935

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATON FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **DAVIDSON, DONALD D**
STREET ADDRESS **330 2ND AVE. SO. #790**
CITY-ST-ZIP **MINNEAPOLIS MN**

1.1 TITLE **PD** Change Addition
1.2 NAME **Davidson, Donald D.**
1.3 STREET ADDRESS **1100 Main St., Suite 2350**
1.4 CITY-ST-ZIP **Kansas City, MO 64105**

TITLE **EVPD** DELETE
NAME **DAVIDSON, EDWARD L**
STREET ADDRESS **330 2ND AVE. SO. #790**
CITY-ST-ZIP **MINNEAPOLIS MN**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** DELETE
NAME **FERCHO, IVAN**
STREET ADDRESS **330 2ND AVE. SO. #790**
CITY-ST-ZIP **MINNEAPOLIS MN**

3.1 TITLE **STD** Change Addition
3.2 NAME **Dean Anderson**
3.3 STREET ADDRESS **1100 Main St., Suite 2350**
3.4 CITY-ST-ZIP **Kansas City, MO 64105**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Dean Anderson

Dean Anderson 5/9/96 816-221-9744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)