

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000927

**Entity Name:** AMERIPRO FUNDING, INC.

**Current Principal Place of Business:**

8300 N. MOPAC EXPRESSWAY  
SUITE 120  
AUSTIN, TX 78759

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC4088282430**

**Current Mailing Address:**

8300 N. MOPAC EXPRESSWAY  
SUITE 120  
AUSTIN, TX 78759 US

**FEI Number:** 68-0539887

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title        PRESIDENT, SECRETARY,  
              TREASURER, DIRECTOR  
Name        OVERHAUSER, CHAD M  
Address     8300 N. MOPAC EXPRESSWAY  
              SUITE 120  
City-State-Zip: AUSTIN TX 78759

Title        SENIOR VICE PRESIDENT, DIVISION  
              MANAGER  
Name        CRISP, CHARLES LARRY JR.  
Address     8300 N. MOPAC EXPRESSWAY  
              SUITE 120  
City-State-Zip: AUSTIN TX 78759

Title        VP, QUALITY CONTROL AND  
              COMPLIANCE  
Name        FOWLER, RACHEL  
Address     8300 N. MOPAC EXPRESSWAY  
              SUITE 120  
City-State-Zip: AUSTIN TX 78759

Title        VP, SECONDARY MARKETING &  
              TECHNOLOGY DEVELOPMENT  
Name        HENSLEY, TAD  
Address     8300 N. MOPAC EXPRESSWAY  
              SUITE 120  
City-State-Zip: AUSTIN TX 78759

Title        SENIOR VICE PRESIDENT,  
              OPERATIONS  
Name        JENKINS, PAMELA  
Address     8300 N. MOPAC EXPRESSWAY  
              SUITE 120  
City-State-Zip: AUSTIN TX 78759

Title        CEO  
Name        LEMOINE, LANCE  
Address     8300 N MOPAC EXPRESSWAY  
              SUITE 120  
City-State-Zip: AUSTIN TX 78759

*I hereby 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 all other like empowered.*

**SIGNATURE:** RACHEL FOWLER

**VP OF COMPLIANCE**

**03/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date