FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED

DOCUMENT # 263011 (9)

MOTORS SECURITIES CORPORATION

P.O. BOX 2106
107 W. MARKS ST
ORLANDO FL 32802

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107 W MARKS ST
ORLANDO FL 32802

3. Date Incorporated or Qualified: 09/25/1962 — 3a. Date of Last Report: 04/20/1994

4. FEI Number: 59-0992181 — 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

2. / 2a / 21 / 22 / 23 / 24 / 25 / 26 / 27 / 28 / 29 / 30

8. Florida Statutes — Yes / No

9. Name and Address of Current Registered Agent

MCKELLAR, MICHAEL I
107 W MARKS ST
ORLANDO, FL
32801

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VAUGHAN, EARL
STREET ADDRESS	107 W. MARKS ST.
CITY-ST-ZIP	ORLANDO, FL 00000
TITLE	D
NAME	JOHNSTON, EVERTT E.
STREET ADDRESS	107 W MARKS ST
CITY-ST-ZIP	ORLANDO, FL 00000
TITLE	EVPD
NAME	MCKELLAR, MICHAEL I
STREET ADDRESS	107 W MARKS ST
CITY-ST-ZIP	ORLANDO, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
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, 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: Michael I. McKellar — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-95 — 407-4260575

0063540 CP