FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
MAY 1 AM 9:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # 323496 (0)

1. Corporate Name
CENTURY FINANCE COMPANY OF FLORIDA

Principal Place of Business
1100 MAIN STREET
SUITE 2350
KANSAS CITY MO 64105
US

Mailing Address
P.O. BOX 26098
KANSAS CITY MO 64196-6098

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1967
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Street Address — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 43-0906334 — 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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 Section 607.0505 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper performance of my duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	EVP
NAME	TURNER, WILLIAM J
STREET ADDRESS	1100 MAIN, SUITE 2350
CITY, ST, ZIP	KANSAS CITY MO
TITLE	CD
NAME	BROZMAN, J L
STREET ADDRESS	1100 MAIN, SUITE 400
CITY, ST, ZIP	KANSAS CITY MO
TITLE	TD
NAME	HEALY, PATRICK F
STREET ADDRESS	1100 MAIN STREET, SUITE 2350
CITY, ST, ZIP	KANSAS CITY MO
TITLE	PCEO
NAME	BERGLUND, DENNIS C.
STREET ADDRESS	1100 MAIN ST., SUITE 2350
CITY, ST, ZIP	KANSAS CITY MO
TITLE	S
NAME	NENAK, LISA M.
STREET ADDRESS	1100 MAIN, SUITE 400
CITY, ST, ZIP	KANSAS CITY MO
TITLE	D
NAME	BERNSTEIN, GEORGE L.
STREET ADDRESS	1901 WALNUT STREET
CITY, ST, ZIP	PHILADELPHIA PA

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ENTER IN 1.

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	Director	[X] Change [ ] Addition
NAME	Patrick F Healy	
STREET ADDRESS	1100 main st. Suite 2350	
CITY, ST, ZIP	Kansas City, MO 64105	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	S	[X] Change [ ] Addition
NAME	Lisa M. Henak	
STREET ADDRESS	1100 Main, Suite 416	
CITY, ST, ZIP	Kansas City, MO 64105	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

7/24

14. I, the undersigned, certify that the information supplied with this report is, to my knowledge, true and correct, and that, for the purposes of Section 607.0505, Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report, for and on behalf of, and that on, signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person to whom authority has been delegated to sign the reports as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached exhibit, as an officer or director.

SIGNATURE: 5/1/95 (816) 221-9744
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR
Dennis C. Berglund

0480002 FN