


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 817696 (8)</b> 1. Corporation Name <b>NEWCOURT PREMIUM FINANCE, INC.</b>					
Principal Place of Business <b>22917 PACIFIC COAST HWY STE 800 MALIBU CA 90265 US</b>		Mailing Address <b>% ANTHEM PREMIUM FINANCE 22917 PACIFIC COAST HWY #200 MALIBU CA 90265 US</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified <b>02/12/1984</b> 4. FEI Number <b>34-0960095</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ROCCO, ALFONSE E 601 S LAKE DESTINY RD SUITE 405 MAITLAND FL 32751</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SVTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAUERNIG, DANIEL		1.2 NAME		
STREET ADDRESS	48 LAWRENCE CR.		1.3 STREET ADDRESS		
CITY- ST- ZIP	TORONTO ON		1.4 CITY- ST- ZIP		
TITLE	CFO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODAS, ALFRED O		2.2 NAME		
STREET ADDRESS	22917 PACIFIC COAST HWY, SUITE #200		2.3 STREET ADDRESS		
CITY- ST- ZIP	MALIBU CA 90265		2.4 CITY- ST- ZIP		
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT HERBST		3.2 NAME		
STREET ADDRESS	C/O Newcourt III Monument Circle		3.3 STREET ADDRESS		
CITY- ST- ZIP	INDIANAPOLIS IN 46204		3.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY- ST- ZIP			4.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			6.4 CITY- ST- ZIP		

SIGNATURE:

*[Signature]*

4/29/98 (30)317-6310

CR2E034 (10/97)