2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 827075

1. Entity Name
FINOVA CAPITAL CORPORATION

Principal Place of Business	Mailing Address
4800 N SCOTTSDALE RD MS4E80 SCOTTSDALE, AZ 85251 US	4800 N SCOTTS DALE RD MS4E80 SCOTTSDALE, AZ 85251 US

DO NOT WRITE IN THIS SPACE

04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
94-1278569

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	MARA, THOMAS E
STREET ADDRESS	315 PARK AVENUE SOUTH FLOOR 20
CITY-ST-ZIP	NEW YORK, NY 100103607
TITLE	D
NAME	DURHAM, ROBERT
STREET ADDRESS	244 CARLYLE LAKE DRIVE
CITY-ST-ZIP	CREVE COEUR, MO 63141
TITLE	VCAS
NAME	WETHER, ELIZABETH A
STREET ADDRESS	4800 N SCOTTSDALE RD
CITY-ST-ZIP	SCOTTSDALE, AZ 85251
TITLE	VC
NAME	TASHLIK, STUART A
STREET ADDRESS	4800 N SCOTTSDALE RD
CITY-ST-ZIP	SCOTTSDALE, AZ 85251
TITLE	VT
NAME	NELSON, VIRGINIA H
STREET ADDRESS	4800 N SCOTTSDALE RD
CITY-ST-ZIP	SCOTTSDALE, AZ 85251
TITLE	AS
NAME	REDMAN, FAITH E
STREET ADDRESS	4800 N SCOTTSDALE RD
CITY-ST-ZIP	SCOTTSDALE, AZ 852517623

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04/19/04-80048-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Elizabeth A. Wethor Assistant Secretary APR 09 2004 (480)644-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #