

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

*Amended
FILED*

04 SEP 21 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09202004 Chg-P CR2E034 (10/03)

4. FEI Number **94-1278569** Applied For Not Applicable

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

DOCUMENT # 827075
1. Entity Name
FINOVA CAPITAL CORPORATION



Principal Place of Business
**4800 N SCOTTSDALE RD
MS4E80
SCOTTSDALE, AZ 85251 US**

Mailing Address
**4800 N SCOTTS DALE RD
MS4E80
SCOTTSDALE, AZ 85251 US**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARA, THOMAS E 315 PARK AVENUE SOUTH FLOOR 20 NEW YORK, NY 100103607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, ROBERT 244 CARLYLE LAKE DRIVE CREVE COEUR, MO 63141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900041610649 10/05/04--01077--006 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAS WETHER, ELIZABETH A 4800 N SCOTTSDALE RD SCOTTSDALE, AZ 85251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC TASHLIK, STUART A 4800 N SCOTTSDALE RD SCOTTSDALE, AZ 85251 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SVP-Chief Financial Officer & Treasurer Ross, Richard A. 4800 N. Scottsdale Road Scottsdale, AZ 85251-7623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NELSON, VIRGINIA H 4800 N SCOTTSDALE RD SCOTTSDALE, AZ 85251 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REDMAN, FAITH E 4800 N SCOTTSDALE RD SCOTTSDALE, AZ 852517623 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AS Harness, Jill R. 4800 N. Scottsdale Road Scottsdale, AZ 85251-7623

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: *Jill R. Harness, Asst. Secretary* 09/20/04 480-636-6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jill R. Harness

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