


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

04 SEP 21 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 SCOTTSDALE RD MS4E80 SCOTTSDALE, AZ 85251 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	900041610649 10/05/04--01077--006 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	SVP-Chief Financial Officer & Treasurer Ross, Richard A. 4800 N. Scottsdale Road Scottsdale, AZ 85251-7623 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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	AS Harness, Jill R. 4800 N. Scottsdale Road Scottsdale, AZ 85251-7623 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Jill R. Harness</i>		Date: 09/20/04		Daytime Phone #: 480-636-6494	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jill R. Harness					