

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

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**



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MARA, THOMAS E
315 PARK AVENUE SOUTH FLOOR 20
NEW YORK, NY 100103607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DURHAM, ROBERT
244 CARLYLE LAKE DRIVE
CREVE COEUR, MO 63141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCAS
WETHER, ELIZABETH A
4800 N SCOTTSDALE RD
SCOTTSDALE, AZ 85251**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
ROSS, RICHARD A
4800 N SCOTTSDALE RD
SCOTTSDALE, AZ 852517623**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOT
ROSS, RICHARD A
4800 N SCOTTSDALE RD
SCOTTSDALE, AZ 852517623**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
HARNESS, JILL R
4800 N SCOTTSDALE RD
SCOTTSDALE, AZ 852517623**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Elizabeth A. Wethor
Assistant Secretary**

2/8/06
Date

480-636-5190
Daytime Phone #