

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827075

FILED
Jan 09, 2007
Secretary of State

Entity Name: FINOVA CAPITAL CORPORATION

Current Principal Place of Business:

4800 N SCOTTSDALE RD
MS4E80
SCOTTSDALE, AZ 85251 US

New Principal Place of Business:

Current Mailing Address:

4800 N SCOTTSDALE RD
MS4E80
SCOTTSDALE, AZ 85251 US

New Mailing Address:

FEI Number: 94-1278569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MARA, THOMAS E
Address: 315 PARK AVENUE SOUTH FLOOR 20
City-St-Zip: NEW YORK, NY 100103607

Title: D () Delete
Name: DURHAM, ROBERT
Address: 244 CARLYLE LAKE DRIVE
City-St-Zip: CREVE COEUR, MO 63141

Title: VCAS () Delete
Name: WETHER, ELIZABETH A
Address: 4800 N SCOTTSDALE RD
City-St-Zip: SCOTTSDALE, AZ 85251

Title: SVP () Delete
Name: ROSS, RICHARD A
Address: 4800 N SCOTTSDALE RD
City-St-Zip: SCOTTSDALE, AZ 852517623

Title: CFOT () Delete
Name: ROSS, RICHARD A
Address: 4800 N SCOTTSDALE RD
City-St-Zip: SCOTTSDALE, AZ 852517623

Title: AS () Delete
Name: HARNESS, JILL R
Address: 4800 N SCOTTSDALE RD
City-St-Zip: SCOTTSDALE, AZ 852517623

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPAS (X) Change () Addition
Name: MC ALLISTER, ELIZABETH A
Address: 4800 N SCOTTSDALE RD
City-St-Zip: SCOTTSDALE, AZ 85251

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A MCALLISTER

AS

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date