

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2004 8:00 am
Secretary of State
07-16-2004 90003 024 ***550.00

DOCUMENT # 835580	
1. Entity Name VT FINANCE, INC.	

Principal Place of Business 250 EAST CARPENTER FREEWAY IRVING TX 75062 US	Mailing Address C/O WANDA J. MURKERSON-CITIGROUP 290 EAST CARPENTER FREEWAY H01-20 IRVING TX 75062 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 35-1310812	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	GUTHRIE, ROY A
STREET ADDRESS	250 CARPENTER FREEWAY
CITY-ST-ZIP	IRVING TX 75062
TITLE	AVAS <input type="checkbox"/> Delete
NAME	GREEN, PATRICK
STREET ADDRESS	250 CARPENTER FREEWAY
CITY-ST-ZIP	IRVING TX 75062
TITLE	VPS <input type="checkbox"/> Delete
NAME	WONG, MARTIN J
STREET ADDRESS	250 CARPENTER FREEWAY
CITY-ST-ZIP	IRVING TX 75062
TITLE	D <input type="checkbox"/> Delete
NAME	COSTAS, STEPHEN J
STREET ADDRESS	250 CARPENTER FREEWAY
CITY-ST-ZIP	IRVING TX
TITLE	D <input type="checkbox"/> Delete
NAME	SLETTEN, MICHAEL W
STREET ADDRESS	250 CARPENTER FREEWAY
CITY-ST-ZIP	IRVING TX
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	6/24/04	813 604 0462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #