

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2004
Secretary of State**

DOCUMENT# F03000005482

Entity Name: FINCA INTERNATIONAL, INC.

Current Principal Place of Business:

1101 14TH STREET NW
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

1101 14TH STREET NW
WASHINGTON, DC 20005

New Mailing Address:

FEI Number: 13-3240109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HATCH, ROBERT
Address: 1101 14TH STREET NW
City-St-Zip: WASHINGTON, DC 20005

Title: VCT () Delete
Name: WILLIAMSON, RICHARD
Address: 1101 14TH STREET NW
City-St-Zip: WASHINGTON, DC 20005

Title: DS () Delete
Name: SCOFIELD, RUPERT
Address: 1101 14TH STREET NW
City-St-Zip: WASHINGTON, DC 20005

Title: D () Delete
Name: SPILLMAN, RITA
Address: 1101 14TH STREET NW
City-St-Zip: WASHINGTON, DC 20005

Title: VP () Delete
Name: NEHMER, JAMES
Address: 1101 14TH STREET NW
City-St-Zip: WASHINGTON, DC 20005

Title: S () Delete
Name: GARCIA, ROCEAL
Address: 1101 14TH STREET NW
City-St-Zip: WASHINGTON, DC 20005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUPERT SCOFIELD

DS

03/09/2004

Electronic Signature of Signing Officer or Director

_____ Date