

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 11 1997 8:00am
Secretary of State

DOCUMENT # F93000002817 (5)

1. Corporation Name

SFAC: STATE FINANCIAL ACCEPTANCE CORP.

Principal Place of Business

1250 MOCKINGBIRD LANE
DALLAS TX 75247-4902
US

Mailing Address

1250 MOCKINGBIRD LANE
DALLAS TX 75247-4902
US

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

03/13/1996

4. FEI Number

75-2309012

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	PHILLIPS, DANIEL T	
STREET ADDRESS	1250 MOCKINGBIRD LANE	
CITY- ST- ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TENENHOLZ, BARRY	
STREET ADDRESS	1250 MOCKINGBIRD LANE	
CITY- ST- ZIP	DALLAS TX	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MANKOFF, RONALD R	
STREET ADDRESS	1250 MOCKINGBIRD LANE	
CITY- ST- ZIP	DALLAS TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DRAPER, JACK (J.D.)	
STREET ADDRESS	1250 MOCKINGBIRD LANE	
CITY- ST- ZIP	DALLAS TX	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	CARLIN, RICK	
STREET ADDRESS	1250 MOCKINGBIRD LANE	
CITY- ST- ZIP	DALLAS TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREEN, ERIC	
STREET ADDRESS	1250 MOCKINGBIRD LANE	
CITY- ST- ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronald M Bendalin
3.3 STREET ADDRESS	1250 W. Mockingbird Lane
3.4 CITY- ST- ZIP	Dallas, Texas 75247-4902
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP Steve Hartung
4.3 STREET ADDRESS	1250 W. Mockingbird Lane
4.4 CITY- ST- ZIP	Dallas, Texas 75247-4902
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Tenenholtz

Date

(214) 630-6006

Daytime Phone #

CR2E034 (9/96)