FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY 11 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003130 (2)**

1. Corporation Name
FIRST ENTERPRISE ACCEPTANCE COMPANY

Principal Place of Business	Mailing Address
500 DAVIS STREET, SUITE 1008 EVANSTON IL 60201	% BEV A VELKOVRH RUDNICK & WOLFE 203 N. LASALLE #1800 CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1993	3a. Date of Last Report: 06/28/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 36-3962243 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees	
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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: Marcia A. Hanney, Asst Secy. — 5-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President ☒ Change ☐ Addition
NAME	STINNEFORD, PAUL A	12 NAME	Stinneford, Paul A.
STREET ADDRESS	500 DAVIS STREET, SUITE 1008	13 STREET ADDRESS	500 Davis Street, Suite 1005
CITY ST ZIP	EVANSTON IL 60201	14 CITY ST ZIP	Evanston, IL 60201
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	HARRINGTON, MICHAEL P	22 NAME	
STREET ADDRESS	500 DAVIS STREET, SUITE 1008	23 STREET ADDRESS	Suite 1005
CITY ST ZIP	EVANSTON IL 60201	24 CITY ST ZIP	
TITLE	P	31 TITLE	☒ Change ☐ Addition
NAME	PARKER, THOMAS G	32 NAME	DELETE
STREET ADDRESS	1032 HIGHWAY 84 BY-PASS	33 STREET ADDRESS	
CITY ST ZIP	ENTERPRISE AL 36331	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	300001405350
STREET ADDRESS		43 STREET ADDRESS	-05/12/95--01024--012
CITY ST ZIP		44 CITY ST ZIP	****225.00 ****225.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 5/10/95 (708) 866-8665
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL A. STINNEFORD - President

0380380 CP