FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000000998 (4)**

1. Corporation Name
DEALER FINANCE CORPORATION OF AMERICA

Principal Place of Business
~~415 N MCKINLEY, STE. 900~~
~~LITTLE ROCK AR 72205~~

Mailing Address
~~415 N MCKINLEY, STE. 900~~
~~LITTLE ROCK AR 72205-3022~~

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21 17500 Chenal Parkway
Suite, Apt. #, etc.
22 Suite 201
City & State
23 Little Rock, AR
Zip 24 72211 Country 25

2a. Mailing Address
26 Same
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 71-0750213 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
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCFO	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	JAMES, DENNIS R		1.2 NAME		
STREET ADDRESS	415 N MCKINLEY, STE. 900		1.3 STREET ADDRESS	17500 Chenal Parkway, Suite 201	
CITY-ST-ZIP	LITTLE ROCK AR 72205		1.4 CITY-ST-ZIP	Little Rock, Arkansas 72211	
TITLE	DP	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	SAMBRANO, TIMOTHY S		2.2 NAME		
STREET ADDRESS	415 N MCKINLEY, STE. 900		2.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	LITTLE ROCK AR 72205		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	SAMBRANO, ELLEN K		3.2 NAME		
STREET ADDRESS	415 N MCKINLEY, STE. 900		3.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	LITTLE ROCK AR 72205		3.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NANCY WILSON		4.2 NAME		
STREET ADDRESS	415 N MCKINLEY		4.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	VP Finance	☐ Change ☒ Addition
NAME			5.2 NAME	Bob Whisnant	
STREET ADDRESS			5.3 STREET ADDRESS	17500 Chenal Parkway, Suite 201	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Little Rock, AR 72211	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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] Bob Whisnant 4-30-97 (501) 221-8000

CR2E034 (9/96)