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

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

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

2. Principal Place of Business	2a. Mailing Address
21 17500 Chenal Parkway	26 Same
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27
City & State 23 Little Rock, AR	City & State 28
Zip 24 ~~AR~~ 72211 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 SOUTH PINE ISLAND ROAD** **PLANTATION FL 33324**	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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	

CR2E034 (9/96)

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) 221-5000