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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F94000005138 (2)**

1. Corporation Name
LIBERTY LENDING SERVICES, INC.

Principal Place of Business	Mailing Address
2251 ROMBACH AVE. WILMINGTON OH 45177-1000	P.O. BOX 1000 WILMINGTON OH 45177-1000

3. Date Incorporated or Qualified: **10/04/1994**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

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

4. FEI Number: **34-1151450** ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: THOMAS SPATOLA
82 Street Address (P.O. Box Number is Not Acceptable): 544 SOUTH WASHINGTON BLVD.
83
84 City: SARASOTA **FL** 85 Zip Code: 34236

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: Thomas Spatola — 3-18-97
Signature(s) required for purpose of registered agent change (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	POWELL, JOHN H		12 NAME		
STREET ADDRESS	950 MITCHELL RD.		13 STREET ADDRESS	162 WESLEY WAY	
CITY-ST-ZIP	WILMINGTON OH		14 CITY-ST-ZIP	WILMINGTON OH	
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MASSARA, ANTHONY		22 NAME		
STREET ADDRESS	988 MITCHELL RD.		23 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON OH 45177		24 CITY-ST-ZIP		
TITLE	TVD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	POWELL, KENT R		32 NAME		
STREET ADDRESS	8917 ST. RT. 722		33 STREET ADDRESS		
CITY-ST-ZIP	ARCANUM OH		34 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	KRANJC, SUZAN D		42 NAME		
STREET ADDRESS	504 WALRAVEN AVE.		43 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON OH		44 CITY-ST-ZIP		
TITLE	C	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	POWELL, JAMES R		52 NAME		
STREET ADDRESS	6469 KINGS GRANT PASSAGE		53 STREET ADDRESS		
CITY-ST-ZIP	CENTERVILLE OH		54 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	CHANEY, JULIE R		62 NAME		
STREET ADDRESS	46 GARDEN CIRCLE		63 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON OH		64 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: T. C. Powell, Pres — 3/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #