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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006538 (2)**

1. Corporation Name

CONSUMER FINANCE CORPORATION

Principal Place of Business	Mailing Address
8401 CONNECTICUT AVE. 5TH FLOOR CHEVY CHASE MD 20815	8401 CONNECTICUT AVE. 5TH FLOOR CHEVY CHASE MD 20815

DO NOT WRITE IN THIS SPACE

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)

3. Date Incorporated or Qualified: **12/21/1994** — 3a. Date of Last Report:

4. FEI Number: **54-1739011** — ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANATION 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 name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HARLEY, JOHN	12 NAME	
STREET ADDRESS	7700 OLD GEORGETOWN RD.	13 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GILLIAM, CHESTER B	22 NAME	
STREET ADDRESS	5328 VALLEYPOINTE PKY.	23 STREET ADDRESS	
CITY-ST-ZIP	ROANOKE VA 24019	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, LELAND W	32 NAME	
STREET ADDRESS	7700 OLD GEORGETOWN RD.	33 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	HENRY, ROSEMARY A	42 NAME	
STREET ADDRESS	7700 OLD GEORGETOWN RD.	43 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	KINGRY, JOHN W	52 NAME	
STREET ADDRESS	621 LYNNHAVEN PKY.	53 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	KIPER, EDWARD J JR	62 NAME	
STREET ADDRESS	4 N. PARK DR.	63 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD 21082	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: _____ 4/20/95 (30)907-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004301 FN