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May 05 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 # F94000006538 (2)

1. Corporation Name

CONSUMER FINANCE CORPORATION

Principal Place of Business

8401 CONNECTICUT AVE.  
5TH FLOOR  
CHEVY CHASE MD 20815

Mailing Address

8401 CONNECTICUT AVE.  
5TH FLOOR  
CHEVY CHASE MD 20815-5803

3. Date Incorporated or Qualified  
12/21/1994

3a. Date of Last Report  
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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.  
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

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 ☐ DELETE  
NAME HARLEY, JOHN  
STREET ADDRESS 7700 OLD GEORGETOWN RD.  
CITY-ST-ZIP BETHESDA MD 20814

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME GILLIAM, CHESTER B  
STREET ADDRESS 5328 VALLEYPOINTE PKY.  
CITY-ST-ZIP ROANOKE VA 24019

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME HAWKINS, LELAND W  
STREET ADDRESS 7700 OLD GEORGETOWN RD.  
CITY-ST-ZIP BETHESDA MD 20814

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME HENRY, ROSEMARY A  
STREET ADDRESS 7700 OLD GEORGETOWN RD.  
CITY-ST-ZIP BETHESDA MD 20814

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME KINGRY, JOHN W  
STREET ADDRESS 621 LYNNHAVEN PKY.  
CITY-ST-ZIP VIRGINIA BEACH VA 23452

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME Palmer, Katherine  
5.3 STREET ADDRESS 8401 Connecticut Avenue  
5.4 CITY-ST-ZIP Chevy Chase, MD 20815

TITLE ☒ DELETE  
NAME KIPER, EDWARD J JR  
STREET ADDRESS 4 N. PARK DR.  
CITY-ST-ZIP HUNT VALLEY MD 21082

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Varbero, Dorene  
6.3 STREET ADDRESS 8401 Connecticut Avenue  
6.4 CITY-ST-ZIP Chevy Chase, MD 20815

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:

*Dorene Varbero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

(301) 986-7236

Date

Daytime Phone #

0008616

CR2E034 (9/96)