

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000006538 (2)**  
1. Corporation Name  
**CONSUMER FINANCE CORPORATION**



Principal Place of Business <b>8401 CONNECTICUT AVE. 5TH FLOOR CHEVY CHASE MD 20815</b>	Mailing Address <b>8401 CONNECTICUT AVE. 5TH FLOOR CHEVY CHASE MD 20815</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>Tax Dept., 8th Floor</b> 22 City & State <b></b> 23 Zip <b></b> Country <b></b>		2a. Mailing Address 26 Suite, Apt. #, etc. <b>Tax Dept., 8th Floor</b> 27 City & State <b></b> 28 Zip <b></b> Country <b></b>		3. Date Incorporated or Qualified <b>12/21/1994</b>	
4. FEI Number <b>54-1739011</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <b>FL</b> B5 Zip Code	
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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	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>AVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HARLEY, JOHN</b>			1.2 NAME	<b>Linda F. Pribe</b>		
STREET ADDRESS	<b>7700 OLD GEORGETOWN RD.</b>			1.3 STREET ADDRESS	<b>8401 Connecticut Avenue</b>		
CITY-ST-ZIP	<b>BETHESDA MD 20814</b>			1.4 CITY-ST-ZIP	<b>Chevy Chase, MD 20815</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GILLIAM, CHESTER B</b>			2.2 NAME			
STREET ADDRESS	<b>5328 VALLEYPOINTE PKY.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ROANOKE VA 24019</b>			2.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HAWKINS, LELAND W</b>			3.2 NAME			
STREET ADDRESS	<b>7700 OLD GEORGETOWN RD.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BETHESDA MD 20814</b>			3.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENRY, ROSEMARY A</b>			4.2 NAME			
STREET ADDRESS	<b>7700 OLD GEORGETOWN RD.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BETHESDA MD 20814</b>			4.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PALMER, KATHERINE</b>			5.2 NAME			
STREET ADDRESS	<b>8401 CONNECTICUT AVE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CHEVY CHASE MD</b>			5.4 CITY-ST-ZIP			
TITLE	<b>AV</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VARBERO, DORENE</b>			6.2 NAME			
STREET ADDRESS	<b>8401 CONNECTICUT AVE</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CHEVY CHASE MD</b>			6.4 CITY-ST-ZIP			

14. I 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:

*[Handwritten Signature]* (201) 986-1666

CR2E034 (10/97)