

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000006538**

1. Entity Name

CFC-CONSUMER FINANCE CORPORATION

Principal Place of Business

8401 CONNECTICUT AVE.
TAX DEPT 8TH FLOOR
CHEVY CHASE MD 20815
US

Mailing Address

8401 CONNECTICUT AVE.
TAX DEPT 8TH FLOOR
CHEVY CHASE MD 20815
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1739011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	CASHEN, KEVIN	
STREET ADDRESS	7926 JONES BRANCH DR., SUITE 430	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	PRIEBE, LINDA F	
STREET ADDRESS	8401 CONNECTICUT AVE.	
CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAYES, MARY-LOU	
STREET ADDRESS	8401 CONNECTICUT AVE.	
CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENRY, ROSEMARY A	
STREET ADDRESS	7700 OLD GEORGETOWN RD.	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PALMER, KATHERINE	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VARBERO, DORENE	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK A. HOLLES	
STREET ADDRESS	VICE PRESIDENT/TREASURER	
CITY-ST-ZIP	8401 CONNECTICUT AVE.	
	CHEVY CHASE, MD. 20815	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda F. Pribe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

301.986.6866

Daytime Phone #

CRR: 7000 0600 0023 8645 8829

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90605 024 ***150.00

00021177



DO NOT WRITE IN THIS SPACE