## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

\* 1996
DOCUMENT #

F95000004508 (6)

AUTOFINANCE GROUP, INC.

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Principal Place	Principal Place of Business Mailing Address		I SAMILING FILM BOTH OFFIL WATER ORI	ı <b>də</b> lir bəlir <b>de</b> lih <b>dibə</b>	Maille Beile: Abil (der		
	127 PUBLIC SOUARE 127 PUBLIC SQUARE CLEVELAND OH 44114-1306 CLEVELAND OH 44114-1306						
					3. Date Incorporated or Qualified 09/18/1995	3a. Date of Las	t Report
2. Principal Pla		2a. Mailing Address	D 000110		4. FEI Number		Applied For
<del></del>	NANCE GROUP, INC.	26 AUTOFINANC	E GROUP	, INC.	34-1802779		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional
	KMONT LANE SUITE 110	<del>+···</del>	LANE S	U1TE 110	<u> </u>	F6	e Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be
23 WESTMO Zip	Country	28 WESTMONT,	Countr	······································	<del></del>	Ad	ded to Fees
60550	25 DUPAGE	29 60559	30 DUP		8. This corporation has liability for i		rs 199.032,
24	9. Name and Address of Current		[30]		10. Name and Address of New R		
			81	Name			
00 1 0	RPORATION SYSTEM		L				
	OUTH PINE ISLAND ROAD		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
	ITION FL 33324		83				
FLANIA	MION FC 33324						
			84	City		FL 85	Zip Code
11 Durewant to	the provisions of Sections 507 0500	and 607 1609. Florido Ptotuto	s the shows	nomad comes	ation submits this statement for the pur		
or registere	ed agent, or both, in the State of Florida	a. Such change was authorize	ed by the con	poration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of changing f pintment as registe	red agent. I am
familiar with	n, and accept the obligations of, Section	n 607.0505, Florida Statutes.				-	-
SIGNATURE							
12.	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered Age	nt signature required	d when reinstating) ADDITIONS/CHANGES TO OFFE	DATE	TODG IN 10
TILLE	PCEO	DIRECTORS DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OFF	CENS AND DINEC	
NAME	MEYERSON, A J				<b>.</b>	Griani	je 🔲 Addition
Į.	127 PUBLIC SQUARE		1.2 NAME		SEE ATTACHED	LIST	
STREET ADDRESS	CLEVELAND OH 44114-1306			T ADDRESS			
CITY-ST-ZIP TITLE	CFOD	DELETE	1.4 CITY-1 2 1 TITLE	ST-ZIP			o ETT Addition
	SHOPE, SCOTT P	[ ] DECE IE				☐ Chang	e Addition
NAME			2 2 NAME				
STREET ADDRESS	127 PUBLIC SQUARE			T ADDRESS			
CITY - ST - ZIP	CLEVELAND OH 44114-1306	f north	24 CITY-	ST-ZIP			FILE AND PRO-
TITLE	EVD POOLED	☐ DELETE	3. 1 TITLE			☐ Chang	e 🔲 Addition
NAME	NOALL, ROGER		3 2 NAME				
STREET ADDRESS	127 PUBLIC SQUARE			T ADDRESS			
CITY-ST-ZIP	CLEVELAND OH 44114-1306	☐ Brieze	3.4 CITY-	SI-ZIP			
THILE	TVD	☐ DELETE	4. 1 TITLE			☐ Chang	€ ☐ Addition
NAME	NICOLAS, RONALD J		4.2 NAME				
STREET ADDRESS	127 PUBLIC SQUARE		4.3 STREE	T ADDRESS			
CITY-S!-ZIP	CLEVELAND OH 44114-1306	Parier	4.4 C(TY -	ST-ZIP			
TITLE	S CONTRACT FORDERS	☐ DELETE	5. 1 TITLE			Chang	e 🗀 Addition
NAME	STANLEY, FORREST F		5.2 NAME				:
STREET ADDRESS	127 PUBLIC SQUARE		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEVELAND OH 44114-1306		5.4 CITY-1	ST-ZIP	·-·-··		
T-TLF	AS	☐ DELETE	6. 1 TITLE			Chang	e 🔲 Addition
NAME	BULLOCH, STEVEN N		6.2 NAME				
STREET ADDRESS	127 PUBLIC SQUARE		63 STREE	T ADDRESS			
CITY-ST-ZIP	CLEVELAND OH 44114-1306		6.4 CITY -				
14. I do hereby	certify that the information supplied w	th this filing is voluntarily furni	shed and doe	es not qualify fo	or the exemption stated in Section 119.0	07(3)(k), Florida Sta	tutes. I further

4. 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)(k), 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 conjunction or the deliver 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 or Block 14 or Block 14 or Block 15 o

SIGNATURE:

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.E. STEINHAUS/PRESIDENT

4/25/96

(708) 655-7100

Daytime Phone #

OKZE034 (12/

## AutoFinance Group, Inc. List of Officers

Ne

Name	Title	Residence Address	SSN	Date Of Birth
A.E. Steinhaus	President & CEO	425 N. Lincoln Hinsdale, IL 60521	325 30 3269	6/20/38
Blair T. Nance	Treasurer & CFO	201 Bonnie Brae Hinsdale, IL 60521	553 70 9952	6/15/49
Forest F. Stanley	Secretary	11225 W. Walnut Ridge Chesterland, OH 44026	282 48 3957	3/5/51
Gilbert Haakh	Assistant Secretary	1021 S. Orange Grove Blvd Pasadena, CA 91105	572 42 7037	7/25/23

## AutoFinance Group, Inc. List of Directors

Name	Title	Residence Address	SSN	Date Of Birth
A. Jay Meyerson	Chairman	32690 Creekside Drive Pepper Pike, OH 44124	216 56 3770	1/28/47
A.E. Steinhaus	Vice Chairman	425 N. Lincoln Hinsdale, IL 60521	325 30 3269	6/20/38
Blair T. Nance	Director	201 Bonnie Brae Hinsdale, IL 60521	553 70 9952	6/15/49
Ronald J. Nicolas	Director	21149 West Byron Road Shaker Heights, OH 44122	128 50 7065	3/5/59