رم 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 20, 2001 8:00 am DOCUMENT # F96000005522 Secretary of State 1. Entity Name RFS FINANCING CORPORATION 02-20-2001 90001 028 ***150.00 Mailing Address Principal Place of Business 850 RIDGE LAKE BLVD 850 RIDGE LAKE BLVD **SUITE 220** SUITE 220 813873 MEMPHIS TN 38120 MEMPHIS TN 38120 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 62-1657534 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zio 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **V5**1 Change Addition **PCEO** ☐ Defete TITLE TITLE Kevin Luebbers NAME NAME SOLMSON, ROBERT M Bud Suite 220 850 RIDGE LAKE STREET ADDRESS STREET ADDRESS 850 RIDGE LAKE BLVD, STE 220 CITY-ST-ZIP CITY-ST-ZIP <u> 38 120</u> MEMPHIS TN 38120 ☐ Change ☐ Addition TITLE TITLE PASCAL, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 850 RIDGE LAKE BLVD, STE 220 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38120 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Kevin Luebbers 1/9/01