2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2006 8:00 am Secretary of State

DOCU 1. Entity Nam FINOVA I			02-22-2006 90002 012 ***150.00					
Principal Plac		Mailing Address						
i .4800 N SCOTTSDALE RD 4800 N Si i MS 4E80 MS 4E80		4800 N SCOTTSDALE RE MS 4E80						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Number 62-1583	116	i	oplied For
Zip	Country	Zíp	Country		5. Certificate of		\$8.75 Add	ditional
-	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re		
C T CORPORATION SYSTEM			Name	Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street	Street Address (P.O. Box Number is Not Acceptable)				
						.		
			City		FL Zip Code			
8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistered office	or register	ed agent, or both,	in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu					00 May Be ed to Fees	1	48) (a)	with a
10.	OFFICERS AND		11.	<u> </u>	ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECTOR	
TITLE NAME	MARA, THOMAS E	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP								
TITLE	SVP							
NAME Street address		Delete	TITLE		ice Presiden		⊠ Change	☐ Addition
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Elizabeth A. Wethor

Assistant Secretary

2/8/06

480-636-5190

Bignature and Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date