2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004
Secretary of State

DOCUMENT# F99000003609

Entity Name: CONSUMER AUTO REFINANCE SERVICES, INC.

Current Principal Place of Business:

300 ST. PETERS CENTRE BLVD.
200
SAINT PETERS, MO 63376

New Principal Place of Business:

Current Mailing Address:

300 ST. PETERS CENTRE BLVD.
200
SAINT PETERS, MO 63376

New Mailing Address:

FEI Number: 43-1810958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32302 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PCEO	( ) Delete
Name:	ANELLO, GARY M	
Address:	300 ST. PETERS CENTRE BLVD., STE 200	
City-St-Zip:	SAINT PETERS, MO 63376	
Title:	DS	( ) Delete
Name:	GAREA, JOSEPH D	
Address:	9645 CLAYTON RD.	
City-St-Zip:	SAINT LOUIS, MO 63124	
Title:	CFOD	( ) Delete
Name:	BARRY, MATTHEW H	
Address:	300 ST. PETERS CENTRE BLVD., STE 200	
City-St-Zip:	SAINT PETERS, MO 63376	
Title:	D	( ) Delete
Name:	RULL, STEVEN M	
Address:	9645 CLAYTON RD.	
City-St-Zip:	SAINT LOUIS, MO 63124	
Title:	D	( ) Delete
Name:	ROBENSTEIN, RICHARD	
Address:	222 SOUTH CENTRAL	
City-St-Zip:	CLAYTON, MO 63105	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW H BARRY CFOD 03/23/2004

Electronic Signature of Signing Officer or Director — Date