2004 FOR PROFIT CORPORATION

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Apr 21, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L47131 1. Entity Name 04-21-2004 90078 025 ***150.00 INDEPENDENCE ACCEPTANCE CORP. Principal Place of Business → Mailing Address 7805 N DIXIE DR 7805 N DIXIE DR DAYTON OH 45414 DAYTON OH 45414 3. Mailing Address 2. Principal Place of Business 4499 N. DALE MABRY Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Suite 130 City & State City & State Applied For 4. FEI Number 31-1291065 AMPA FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired U.SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIBBONS, TUCKER, MILLER, WHATLEY & STEIN Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., SUITE 1000 TAMPA FL 33602 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete Change TITLE Addition KARSHNER, ROBERT L. NAME NAME STREET ADDRESS 14499 N DALE MABRY STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-ZIP Ď۷ ☐ Delete ☐ Change Addition TITLE NAME JULIEN, VINCE NAME 18716 63RD AVE, EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition DP TITLE NAME KARSHNER, JACK A. NAME STREET ADDRESS 7805 N DIXIE DRIVE -STREET ADDRESS CITY-ST-7IE DAYTON OH 45414 CITY-ST-ZIP ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ■ Addition TITE TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP