

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90021 031 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P15294**

1. Corporation Name

**FIRSTPLUS FINANCIAL, INC.**

Principal Place of Business

**1600 VICEROY DR  
DALLAS TX 75235  
US**

Mailing Address

**1600 VICEROY DR  
DALLAS TX 75235  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/22/1987**

4. FEI Number

**74-2424505**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 32344**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **PHILLIPS, DANIEL T**  
STREET ADDRESS **1250 W MOCKINGBIRD LANE**  
CITY-ST-ZIP **DALLAS TX 75247-4902**

1.1 TITLE **PD** ☒ Change ☒ Addition  
1.2 NAME **Owens, Charles T.**  
1.3 STREET ADDRESS **1600 Viceroy Drive**  
1.4 CITY-ST-ZIP **Dallas, Texas 75235**

TITLE **C** ☒ DELETE  
NAME **MANKOFF, RONALD M**  
STREET ADDRESS **1250 W MOCKINGBIRD LANE**  
CITY-ST-ZIP **DALLAS TX 75247-4902**

2.1 TITLE **CFO /D** ☒ Change ☒ Addition  
2.2 NAME **Pressler, Edward James**  
2.3 STREET ADDRESS **1600 Viceroy Drive**  
2.4 CITY-ST-ZIP **Dallas, Texas 75235**

TITLE **VPT** ☒ DELETE  
NAME **GREEN, ERIC**  
STREET ADDRESS **1250 W MOCKINGBIRD LANE**  
CITY-ST-ZIP **DALLAS TX 75247-4902**

3.1 TITLE **EVP/D** ☒ Change ☒ Addition  
3.2 NAME **Turoff, Steven S.**  
3.3 STREET ADDRESS **1600 Viceroy Drive**  
3.4 CITY-ST-ZIP **Dallas, Texas 75235**

TITLE **VPS** ☒ DELETE  
NAME **TERENHOLTZ, BARRY**  
STREET ADDRESS **1250 W MOCKINGBIRD LANE**  
CITY-ST-ZIP **DALLAS TX 75247-4902**

4.1 TITLE **EVP/S** ☒ Change ☒ Addition  
4.2 NAME **Peiper, Jeffrey A.**  
4.3 STREET ADDRESS **1600 Viceroy Drive**  
4.4 CITY-ST-ZIP **Dallas, Texas 75235**

TITLE **D** ☒ DELETE  
NAME **FITZGERALD, JOHN**  
STREET ADDRESS **5910 CENTRAL EXPWY**  
CITY-ST-ZIP **DALLAS TX 75206**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **VP** ☒ DELETE  
NAME **O'BRIEN, EUGENE**  
STREET ADDRESS **1250 W MOCKINGBIRD LANE**  
CITY-ST-ZIP **DALLAS TX 75247-4902**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Charles T. Owens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHARLES T. OWENS**

Date

Daytime Phone #

**7/9/99**

**214-599-6383**

CR2E034 (5/99)

0120397