

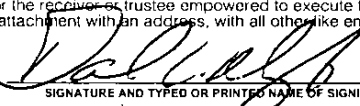


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90020 042 ***150.00

DOCUMENT # P19097 1. Entity Name NISSAN EXTENDED SERVICE CORPORATION, INC.																										
Principal Place of Business 18501 SOUTH FIGUEROA STREET GARDENA, CA 90248			Mailing Address P.O. BOX 2814 TORRANCE, CA 90509-2814																							
2. Principal Place of Business - No P.O. Box # 9009 Carothers Parkway		3. Mailing Address 333 Commerce St.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40057409</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 04102007 Chg-P CR2E034 (12/06) </div>																						
Suite, Apt. #, etc. Suite B200		Suite, Apt. #, etc. M.S. B-7-A																								
City & State Franklin, TN		City & State Nashville, TN																								
Zip 37067	Country USA	Zip 37201	Country USA																							
4. FEI Number 95-4158622				Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																						
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000																										
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.																										
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SIGNATURE 		David L. Mingle, Secretary		4-11-07 615-725-1120																						

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**COPY
ATTACHMENT**

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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL 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.						
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SIGNATURE:			David L. Mingle, Secretary			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	

4-11-07

615-725-1120