SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED PROFIT Aug 20 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P25739 (4) JAGUAR CREDIT CORPORATION Principal Place of Business Mailing Address 9009 CAROTHERS PKY P.O. BOX 680100 FRANKLIN TN 37067 FRANKLIN TN 37068-0100 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/24/1989 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 22-2992409 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name 1200 **\$OUTH PINE ISLAND ROAD** Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 83 84 City **B**5 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 reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TOLE Change Addition NYNES, THOMAS N NAME 1.2 NAME 9009 CAROTHERS PKY STREET ADDRESS 1.3 STREET ADDRESS FRANKLIN TN 37067 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP Change TITLE DELETE ___ Addition 2.1 TITLE MENZYK, ANDREW L NAME 2.2 NAME 9009 CAROTHERS PKY STREET ADDRESS 2.3 STREET ADDRESS FRANKLIN TN 37067 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE Change Addition **SMITH, HURLEY D** NAME 3.2 NAME THE AMERICAN RD STREET ADDRESS 3.3 STREET ADDRESS **DEARBORN MI** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition RAMIREZ, RENE NAME 4.2 NAME ONE BURTON HILLS BLVD, SUITE 350 STREET ADDRESS 4.3 STREET ADDRESS NASHVILLE TN CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition BURKHARD, JOHN P NAME 52 NAME THE AMERICAN ROAD STREET ADDRESS 5 3 STREET ADDRESS DEARBORN MI CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Ido 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 equired by Chapter 607, Florida Statutes; and that my name

8.7. CM

145.25.4000

appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: