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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27535

(4)

1. Corporation Name

GENERAL FINANCE CORPORATION

Principal Place of Business

601 N.W. SECOND STREET
EVANSVILLE IN 47708

Mailing Address

601 N.W. SECOND STREET
EVANSVILLE IN 47708

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1504, 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of person accepting appointment as registered agent

Signature of officer or director of corporation

USA

12. OFFICERS AND DIRECTORS

NAME

PD
LEITCH, DANIEL, III

[X] DELETED

STREET ADDRESS

601 NW 2ND ST
EVANSVILLE IN

CITY, STATE, ZIP

VD
HANLEY, PHILIP, M

[] DELETED

STREET ADDRESS

601 NW 2ND ST
EVANSVILLE IN

CITY, STATE, ZIP

V
HENDRIX, BENNIE D.

[] DELETED

STREET ADDRESS

601 NW 2ND ST
EVANSVILLE IN

CITY, STATE, ZIP

V
SEELEY, DAVID C.

[] DELETED

STREET ADDRESS

601 NW 2ND ST
EVANSVILLE IN

CITY, STATE, ZIP

VSD
SMITH, GARY M

[] DELETED

STREET ADDRESS

601 N.W. 2ND ST
EVANSVILLE FL

CITY, STATE, ZIP

AS
LEDBETTER, JEFFREY, L

[] DELETED

STREET ADDRESS

601 NW 2ND ST
EVANSVILLE IN

CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 612, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

812-468-5655

CR2E034 (12/95)