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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27751

1. Corporation Name

FINANCIAL FEDERAL CREDIT INC.

Principal Place of Business

1300 POST OAK BLVD
STE 1300
HOUSTON TX 77056
US

Mailing Address

733 THIRD AVE., 7TH FLOOR
NEW YORK NY 10022
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1990

4. FEI Number

76-0272000

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 Tax.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME SINSHEIMER, PAUL
STREET ADDRESS 6200 VALLEY FORGE
CITY-ST-ZIP HOUSTON TX

TITLE SVP ☐ DELETE

NAME GALLAGHER, WILLIAM M.
STREET ADDRESS 21314 CRYSTAL GREENE
CITY-ST-ZIP KATY TX

TITLE S ☐ DELETE

NAME GEISSER, TROY H.
STREET ADDRESS 25 KNOLLWOOD DR
CITY-ST-ZIP LIVINGSTON NJ

TITLE TD ☐ DELETE

NAME PALITZ, MICHAEL C.
STREET ADDRESS 173 RIVERSIDE DR
CITY-ST-ZIP NEW YORK NY

TITLE CD ☐ DELETE

NAME PALITZ, CLARENCE Y., JR.
STREET ADDRESS 650 OLD ALLAMUCHY ROAD
CITY-ST-ZIP ALLAMUCHY NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

21010 Crystal Greens

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Troy H. Geisser, Secretary

3/22/99

Date

(512) 599-8000

Daytime Phone #

CR2E034 (11/98)