2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27751

Entity Name: FINANCIAL FEDERAL CREDIT INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1300 POST OAK BLVD STE 1300 HOUSTON, TX 77056 US **New Mailing Address: Current Mailing Address:** 733 THIRD AVENUE NEW YORK, NY 10017 US FEI Number: 76-0272000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete () Change () Addition SINSHEIMER, PAUL, Name: Name: 831 KUHLMAN Address: Address: City-St-Zip: HOUSTON, TX City-St-Zip: Title: SVPD Title: () Delete () Change () Addition Name: GALLAGHER, WILLIAM M, . Name: 21010 CRYSTAL GREENE Address: Address: KATY, TX City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition GEISSER, TROY H. Name: Name: 25 KNOLLWOOD DR Address: Address: City-St-Zip: LIVINGSTON, NJ City-St-Zip: Title: () Delete Title: () Change () Addition HAMM, DAVID Name: Name: Address: 733 THIRD AVE Address: City-St-Zip: NEW YORK, NY City-St-Zip: Title: **EVPD** Title: () Delete () Change () Addition GOLIO, JOHN V Name: Name: 300 FRANK W BURR BLVD Address: Address: City-St-Zip: TEANECK, NJ 07666 City-St-Zip: Title: EVPD () Delete Title: () Change () Addition Name: MAYES, JAMES H JR Name: 1300 POST OAK BLVD Address: Address: City-St-Zip: City-St-Zip: HOUSTON TX 77056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

	Flacture Comment of Committee Office and Discrete		D-1-
SIGNATURE:	DAVID HAMM	T	04/16/2008