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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P33514

(1)

1. Corporation Name

FINOVA GOVERNMENT FINANCE, INC.



Principal Place of Business

1850 N CENTRAL AVE
MS 4400- 1130
PHOENIX AZ 85002 85004
US

Mailing Address

1850 N CENTRAL AVE
MS 4400- 1130
PHOENIX AZ 85007-0001 85004
US

3. Date Incorporated or Qualified
04/08/1991

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
7MS 1130
22 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.
7MS 1130
27 City & State

4. FEI Number

22-2792498

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

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	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DAVID J.	
STREET ADDRESS	3601 MINNESOTA DR. #980	
CITY- ST- ZIP	BLOOMINGTON MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUMAN, FREDERICK C.	
STREET ADDRESS	95N RT. 17 SOUTH	
CITY- ST- ZIP	PARAMUS NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Schedule ATTACHED
1.4 CITY- ST- ZIP	
2.1 TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1050 N Central Ave PO Box 2209
2.4 CITY- ST- ZIP	Phoenix AZ 85002-2209
3.1 TITLE	Director, CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eichenfield, Samuel L.
3.3 STREET ADDRESS	1850 N. Central Ave, P.O. Box 2209
3.4 CITY- ST- ZIP	Phoenix AZ 85002-2209
4.1 TITLE	Director, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lapp, Parker
4.3 STREET ADDRESS	1850 N. Central Ave P.O. Box 2209
4.4 CITY- ST- ZIP	Phoenix, AZ 85002-2209
5.1 TITLE	Senior Vice President (Secretary) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hallinan, William J.
5.3 STREET ADDRESS	1850 N. Central Ave P.O. Box 2209
5.4 CITY- ST- ZIP	Phoenix, AZ 85002-2209
6.1 TITLE	Assistant VP, Treasury Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Huckins, Melissa C.
6.3 STREET ADDRESS	1850 N. Central Ave P.O. Box 2209
6.4 CITY- ST- ZIP	Phoenix AZ 85002-2209

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. D. CIANCOLA
ASST. SECRETARY

APR 02 1997 (602) 207-4024

CR2E034 (9/96)