

#15291

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P94000063987 (9)
1. Corporation Name
FIDELITY FINANCIAL LOAN COMPANY



| | |
|---|---|
| Principal Place of Business 1100 MAIN STREET SUITE 2350 KANSAS CITY MO 64105 US | Mailing Address 1100 MAIN STREET SUITE 2350 KANSAS CITY MO 64105 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | | |
|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 08/26/1994 | 4. FEI Number 65-0578935 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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|---|--|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATON 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 (NOIL - Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | DAVIDSON, DONALD D | |
| STREET ADDRESS | 1100 MAIN STREET SUIT E2350 | |
| CITY-ST-ZIP | KANSAS CITY MO | |
| TITLE | DST | <input checked="" type="checkbox"/> DELETE |
| NAME | BRICK, KATHRYN E. | |
| STREET ADDRESS | 1100 MAIN STREET #2350 | |
| CITY-ST-ZIP | KANSAS CITY MO | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | RUSSELL, PAUL E. | |
| STREET ADDRESS | 1100 MAIN ST., SUITE 2350 | |
| CITY-ST-ZIP | KANSAS CITY MO | |
| 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 | President & Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Wagner, Steve R. | |
| 1.3 STREET ADDRESS | 206 Eighth Street | |
| 1.4 CITY-ST-ZIP | Des Moines, IA 50309 | |
| 2.1 TITLE | Vice President & Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Poetting, Gary M. | |
| 2.3 STREET ADDRESS | 206 Eighth Street | |
| 2.4 CITY-ST-ZIP | Des Moines, Iowa 50309 | |
| 3.1 TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Wieland, Denise A. | |
| 3.3 STREET ADDRESS | 206 Eighth Street | |
| 3.4 CITY-ST-ZIP | Des Moines, Iowa 50309 | |
| 4.1 TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Vos, Ronald D. | |
| 4.3 STREET ADDRESS | 206 Eighth Street | |
| 4.4 CITY-ST-ZIP | Des Moines, Iowa 50309 | |
| 5.1 TITLE | Secretary & Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Kunz, Faye L. | |
| 5.3 STREET ADDRESS | 206 Eighth Street | |
| 5.4 CITY-ST-ZIP | Des Moines, IA 50309 | |
| 6.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Matera, Michael J. | |
| 6.3 STREET ADDRESS | 206 Eighth Street | |
| 6.4 CITY-ST-ZIP | Des Moines, IA 50309 | |

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.

Denise A. Wieland

CR2E034 (10/97)