

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065549

Entity Name: MARINER FINANCE FLORIDA, INC.**Current Principal Place of Business:**8211 TOWN CENTER DR
NOTTINGHAM, MD 21236**Current Mailing Address:**P.O. BOX 44850
BALTIMORE, MD 21236 US**FEI Number: 57-1055328****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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**Officer/Director Detail :**

Title	PD
Name	JOHNSON, JOSHUA
Address	8211 TOWN CENTER DR
City-State-Zip:	NOTTINGHAM MD 21236

Title	SEVP
Name	FRANKLE, SCOTT
Address	8211 TOWN CENTER DR
City-State-Zip:	NOTTINGHAM MD 21236

Title	D
Name	FRANKLE, SCOTT
Address	8211 TOWN CENTER DR
City-State-Zip:	NOTTINGHAM MD 21236

Title	SEVP
Name	KLAPASKA, BONNIE
Address	8211 TOWN CENTER DR
City-State-Zip:	NOTTINGHAM MD 21236

Title	STD
Name	KLAPASKA, BONNIE
Address	8211 TOWN CENTER DR
City-State-Zip:	NOTTINGHAM MD 21236

I hereby 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 all other like empowered.

SIGNATURE: SCOTT FRANKLE**SEVP/CAO****03/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date