

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F96000005096**

1. Entity Name  
**INTERBANK FUNDING GROUP, INC.**

FILED  
MAY 22 AM 10:07

Principal Place of Business      Mailing Address  
2650 CAMINO DEL RIO, NORTH      2650 CAMINO DEL RIO, NORTH  
SUITE 100      SUITE 100  
SAN DIEGO CA 92108      SAN DIEGO CA 92108-1630

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05/03/2000 90054 015 \$158.75

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>33-0527607</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FLORIDA COMPLIANCE SPECIALISTS, INC.</b> 1331 E. LAFAYETTE ST. SUITE C TALLAHASSEE FL 32301		Name <b>Florida Compliance Specialists, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) 1331 E. Lafayette Street, Suite F City <b>Tallahassee, FL</b> Zip Code <b>32301</b>	

8. 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: *[Signature]* President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD SILVERMAN, MARTIN 2650 CAMINO DEL RIO, NORTH SAN DIEGO CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FISHER, C.P. 2650 CAMINO DEL RIO NORTH, #100 SAN DIEGO, CA 92108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUPERT, JEANNINE A 2650 CAMINO DEL RIO, NORTH #100 SAN DIEGO CA 92108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERS, JAN 2650 CAMINO DEL RIO-NORTH, #100 SAN DIEGO, CA 92108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP VILLA-LOBOS, EVA 2650 CAMINO DEL RIO N., SUITE 100 SAN DIEGO CA 92108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYONS, TERRI L 2650 CAMINO DEL RIO N., SUITE 100 SAN DIEGO CA 92108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **EVA VILLA-LOBOS, Sr. VP**      Date **4/24/00**      Daytime Phone # **800-331-3360**

CR2E034 (9/99)