

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12: 01

DOCUMENT # **P94000082268 (1)**

1. Corporation Name
BANCAPITAL FINANCIAL CORP.

Principal Place of Business Mailing Address
**17 BATTERY PLACE, SUITE 2632
NEW YORK NY 10004-1207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/09/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **1/0 FOLEY + LARDNER** 26 **1/0 TAX MANAGER**
Suite, Apt #, etc Suite, Apt #, etc
22 **100 NORTH TAMPA, #2700** 27 **4505 ROCKSIDE ROAD #325**
City & State City & State
23 **TAMPA, FLORIDA** 28 **INDEPENDENCE, OHIO**
Zip Zip County County
24 **33601** 25 **USA** 29 **44131** 30 **USA**

4. FEI Number **APPLIED FOR** 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**
7. This corporation has liability for intangible tax under § 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBA, RUSSELL T
100 N. TAMPA STREET
SUITE 2700
TAMPA FL 33602**

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 fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------|
| TITLE | D |
| NAME | TANEJA, JUGAL K |
| STREET ADDRESS | 17 BATTERY PLACE, SUITE 2632 |
| CITY, ST, ZIP | NEW YORK NY 10004-1207 |
| TITLE | D |
| NAME | STUPAY, ARTHUR M |
| STREET ADDRESS | 17 BATTERY PLACE, SUITE 2632 |
| CITY, ST, ZIP | NEW YORK NY 10004-1207 |
| TITLE | D |
| NAME | LAMMERS, MAX |
| STREET ADDRESS | 17 BATTERY PLACE, SUITE 2632 |
| CITY, ST, ZIP | NEW YORK NY 10004-1207 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| 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 | |
| 1.4 CITY, ST, ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY, ST, ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY, ST, ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY, ST, ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY, ST, ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 my address.

SIGNATURE: *[Signature]*, CEO

6/19/95