DOCUMENT # 846920         0.2-15-2005 90019 022 **150.00           'Entry Name CHTCAPITAL SMALL BUSINESS FINANCE, INC.         Image: Cht CAPITAL SMALL BUSINESS FINANCE, INC.           'Image Allices of Busines: 230 C. LARPNITER MY. RWMS, IT 75052 US         Ausing Address 230 C. LARPNITER MY. RWMS, IT 75052 US         Ausing Address 230 C. LARPNITER MY. RWMS, IT 75052 US           Son, Adv. 4 etc.         Oct 9, 20         CAPPENT BY CONTROL OF THE CONTROL OF T	2005 FOR PROFIT CORPORATION ANNUAL REPORT								FILED Feb 15, 2005 8:00 am Secretary of State				
250 E. CARPENTER PWY.       250 E. CARPENTER PWY.         RINKE, TX 75062       US         2.000, AQL 9, 40.       30.40, AQL 9, 40.         3000, AQL 9, 40.       30.40, AQL 9, 40.         3000, AQL 9, 40.       30.40, AQL 9, 40.         2.000, AQL 9, 40.       30.40, AQL 9, 40.         3000, AQL 9, 40.       30.40, AQL 9, 40.         2.000, AQL 9, AQL 9, 40.       30.40, AQL 9, 40.         2.000, AQL 9, AQ	1. Entity Name												
Suba, Apil, 4, etc.     Suba, Apil, 4, etc.     9122005     Chg. P     CR2E034 (10/03)       Chy & State     Country     Zp     Country     Shift, 2pil     Country       Zn     Country     Zp     Country     Shift, 2pil     Shift, 2pil       Zn     Country     Zp     Country     Shift, 2pil     Shift, 2pil       State     Shift, 2pil     Shift, 2pil     Shift, 2pil     Shift, 2pil       Zn     Country     Scattalian     Shift, 2pil     Scattalian       State     Address of New Registered Apent     Neme       Cf CORPORATION SYSTEM     Neme     Neme       State     Neme     Neme       PLANTATION, FL 33324     State     State       Chy     FL     Zp Code       8. The above ranked with why autiaccount for the purpose of changing its registered office or registered apent     Date       File NOWITI FEE IS \$150.00     Proteiner Company Financing     State       After May 1, 2005 Foe will be \$550.00     Proteiner Company Financing     \$500 May be       After May 1, 2005 Foe will be \$550.00     Proteiner Company Financing     \$500 May be       Neme     State Address in OPFICERS AND DireCTORS IN 11     The       Neme     State Address in OPFICERS AND DireCTORS IN 11     Not       Neme     State Address in	250 E. CARPENTER FWY. 250 E. CARPENTER F IRVING, TX 75062 US MAIL STOP: H03-17					1							
UD22005         Crip P         CP2EC03 (1006)           City & State         4. FEX Introder         35-1158888         Applied Fex           Zip         Country         Zip         Country         Zip         Country         Scattle Certificate of Status Dealer         Fig. Production           Zip         Country         Zip         Country         Country         Country         Scattle Certificate of Status Dealer         Fig. Production           City & State         Name         Country         Country         Country         Country         Scattle Certificate of Status Dealer         Fig. Production           City & State         Name         Name         Name         State Address (P.O. Box Number is Not Acceptable)           City & State         State Address (P.O. Box Number is Not Acceptable)         Fig. 2 (20 Codo)           R. The shown named entry submits this datement for the purpose of changing is registered agent, or both, in the State of Fixe is 1 an TermBar with, and accept the oblight of address (P.O. Box Number is Not Acceptable)         Fig. 2 (20 Codo)           SigNa TURE         Fig. Exection Carrespan Financing         State Ind Contribution         Address (P.O. Box Number is Not Acceptable)           SigNa Ture         OFFICERS AND DIRECTORS         10         Address (P.O. Box Number is Not Acceptable)         Date           The Exection Sign State N			ness										
Zip         Country         35-1158888         Instruction           Zip         Country         3. Confinction of Status Dealers         Starts Proceedings           A. Name and Address of Current Registered Agant         7. Name and Address of Current Registered Agant         7. Name and Address of Current Registered Agant           CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.         Name         Name         Street Address (PO. Box Number is Not Acceptable)           PLANTATION, FL 33234         Name         Street Address (PO. Box Number is Not Acceptable)         PLANTATION, FL 33234           Street Address (PO. Box Number is Not Acceptable)         PLANTATION, FL 33234         Street Address (PO. Box Number is Not Acceptable)           Street Address (PO. Box Number is Not Acceptable)         PLANTATION, FL 33234         Street Address (PO. Box Number is Not Acceptable)           Street Address (PO. Box Number is Not Acceptable)         PLANTATION, FL 33234         Box Number is Not Acceptable)           Street Address (PO. Box Number is Not Acceptable)         PLANTATION, FL 3324         Box Number is Not Acceptable)           Street Address (PO. Box Number is Not Acceptable)         PLANTATION, FL 3324         Box Number is Not Acceptable)           Street Address (PO. Box Number is Not Acceptable)         PLANTATION, FL 3324         Box Number is Not Acceptable)           Street Address (PO. Box Number is Not Acceptable)         PLANTATION <t< td=""><td></td><td>-</td><td></td><td colspan="3"></td><td></td><td>Chg-P</td><td>ĊR2E034 (</td><td>10/03)</td><td></td></t<>		-						Chg-P	ĊR2E034 (	10/03)			
Contricted of Status and Address of Current Registered Agent     Control of Status and Address of Current Registered Agent     Control of Status and Address of Current Registered Agent     Control of Status and Address of New Registered Agent     Control of Status and Address of New Registered Agent     Control of Status and Address of New Registered Agent     Control of New Registered Agent     Side Control of New Registered Agent     Control of New Registered Agent     Control of New Re		e	<b>r</b>	City & State									
CT_CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324       Name         Stree: Address (P.O. Box Number is Not Acceptable)         PLANTATION, FL 33324         Stree: Address (P.O. Box Number is Not Acceptable)         City       FL         PLANTATION, FL 33324         Stree: Address (P.O. Box Number is Not Acceptable)         City       FL         PLANTATION, FL 33324         Stree: Address (P.O. Box Number is Not Acceptable)         Difficient agents for end number for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.         Street Mark 1, 2005 Fee will be \$550,00       9: Election Campaign Financing Trust Fund Controlling in 1.         Address May 1, 2005 Fee will be \$550,00       9: Election Campaign Financing Trust Fund Controlling in 1.         Mark       SMITH, PATRICK C         SMETH KIRKS B00 INDECEONS       11.         Address Control C	Zip		Country	Zip	try		5. Certificate of	Status Desired					
1200 SOUTH PINE ISLAND RD.       Street Address (P.O. Box Number is Not Acceptable)         PLANTATION, FL 33324       Civ       FL       Zip Dode         Civ       FL       Zip Dode         6. The above named ently submits this atlatement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.       DATE         SigNaTURE       Behave, New of principal set of the \$550.00       9. Election Carposign Financing       DATE         10.       OPFICERS AND DIFECTORS       11.       ADDITIONS/CMANGES TO OFFICERS AND DIFECTORS IN 11         New Signature       Signature for the \$550.00       9. Election Carposign Financing       \$55.00 May 6e         10.       OPFICERS AND DIFECTORS       11.       ADDITIONS/CMANGES TO OFFICERS AND DIFECTORS IN 11         New Signature       Signature for the \$550.00       11.       ADDITIONS/CMANGES TO OFFICERS AND DIFECTORS IN 11         New Signature       Signature for the \$550.00       11.       ADDITIONS/CMANGES TO OFFICERS AND DIFECTORS IN 11         New Signature       Signature for the \$250.00       11.       ADDITIONS/CMANGES TO OFFICERS AND DIFECTORS IN 11         New Signature       Signature for the \$250.00       11.       ADDITIONS/CMANGES TO OFFICERS AND DIFECTORS IN 11         New Signature       Signature for the \$250.00       Intule <td< td=""><td colspan="11"></td><td></td></td<>													
B. The above named entity submits this distance if on the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   SIGNATURE:   IPL   IPL   Optimize from of ingetment form of ingetment gent and list agoing in Financing Trust Fund Contribution.   Optimize from of ingetment gent agoing the fagoing financing Trust Fund Contribution.   OPTICERS AND DIRECTORS   10.   OPTICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.11   INTEL   NITH, PATRICK C   SIMIT, PATRICK C   SIMITE NODES   OPTICERS AND DIRECTORS   ITHE   V   OPTICERS AND DIRECTORS   SIGNATURE   V   SIGNATURE   V   OPTICERS AND DIRECTORS   ITHE   V   SIGNATURE   V   SIGNATURE   V   V   V   V   V   V   V   V   V   V   V   V   V <td colspan="5">1200 SOUTH PINE ISLAND RD.</td> <td colspan="7">Street Address (P.O. Box Number is Not Acceptable)</td>	1200 SOUTH PINE ISLAND RD.					Street Address (P.O. Box Number is Not Acceptable)							
B. The above named withy submits this datement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept be obligations of registered agent.      SIGNATURE      SIGNATU						City				FL	Zip Code		
Departure level and a direct operation of the parture accessed when instanting     DATE       FILE NOWITI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00     9. Election Campaign Financing Trust Fund Contribution     \$5.00 May be Added to Fees       10.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 41       11.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 41       12.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 41       13.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 41       14.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 41       15.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 41       16.     V     MARE     STORE, DONNA S     Intel       17.     V     Date     Intel     Change     Addition       17.     VENING, TX 75062     Intel     Intel     Change     Addition       17.     OVEN, ROBERT W     Intel Now     Intel Now     Intel Change     Addition       18.     T     Intel Now     Intel Now     Intel Change     Addition       18.     T     Delete     Intel Now     Intel Now     Intel Now       18.<	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. I am familiar with, and accept												
FILE NOWITI FEE IS \$150.00 After May 1, 2005 Fee vill be \$550.00       9: Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         10:       OFFICERS AND DIRECTORS       11:       ADDITIONS/CHANGES TO OFFICERIS AND DIRECTORS IN.11         TILE       V       WARE       Change													
ITTLE       V       Ø.Delete       ITTLE	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
NAME     SMITH, PATRICK C     MALE       SINET ADDRESS     8001 RIDGEPOINT DR.     STREET ADDRESS       CITY-ST-2P     IRVING, TX 75063     CITY-ST-2P       IRVING, TX 75063     CITY-ST-2P       IRVING, TX 75063     CITY-ST-2P       IRVING, TX 75063     CITY-ST-2P       IRVING, TX 75063     CITY-ST-2P       IRVING, TX 75062     CITY-ST-2P       IRVING, TX 75062     CITY-ST-2P       IRVING, TX 75062     CITY-ST-2P       ITILE     VT       IRVING, TX 75062     CITY-ST-2P       IRVING, TX 75062     CITY-ST-2P       ITILE     VT       IRVING, TX 75062     CITY-ST-2P       ITILE     VT       IRVING, TX     Delele       IRVING, TX     Delele       IRVING, TX     Change       IRVING, TX     Change       IRVING, TX     Delele       IRVING, TX     Change       IRVING, TX     Delele       IRVING, TX     Change       IRVING, TX     Delele       IRVING, TX     Change       IRVING, TX     Change       IRVING, TX     Delele       IRVING, TX     Change       IRVING, TX     Delele       IRVING, TX     Delele       IRVING, TX     Cha			OFFICERS AND										
NAME       STONE, DONNA S       Intel	NAME STREET ADDRESS	SMITH, P 8001 RID	GEPOINT DR.	<b>Delete</b>	e Et adoress					Change <sup>1</sup> -	.4ddition		
NME       JOVEN, ROBERT W       Induition         STREET ADDRESS       250 CARPENTER FREEWAY       STREET ADDRESS         CITY-ST-2P       IRVING, TX       IRVING, TX         IRVING, TX       Intle       Intle         NAME       VERDESCHI, MICHAEL       Intle         STREET ADDRESS       450 MAMARONECK AVE.       Intle         ITILE       PD       Intle       Intle         NAME       ALEMANY, ELLEN       Intle       Addition         NAME       ALEMANY, ELLEN       Intle       NAME         STREET ADDRESS       388 GREENWICH ST., 29TH FLR.       STREET ADDRESS       389 GREENWICH ST., 29TH FLR.         CITY-ST-2P       NEW YORK, NY 10043       CTY-ST-2P       NLW YORK, NY 10043       Intle         NAME       Intle       NAME       STREET ADDRESS       389 GREENWICH ST., 29TH FLR.       Intle         NAME       STREET ADDRESS       CTY-ST-2P       NLW YORK, NY 10043       Intle       Addition         NAME       Intle       NAME       STREET ADDRESS       CTY-ST-2P       Intle       Addition         NAME       Intle       NAME       Intle       NAME       Intle       Addition         NAME       STREET ADDRESS       CTY-ST-2P       Int	NAME STREET ADDRESS	STONE, I 250 CARI	PENTER FREEWAY	Delete	NAM	e E Et address					Change	Addition .	
NAME       VERDESCHI, MICHAEL       NAME         STREET ADDRESS       450 MAMARONECK AVE.       STREET ADDRESS         CITY-ST-ZIP       HARRISON, NY 10528       CITY-ST-ZIP         TITLE       PD       Delete       TITLE         NAME       ALEMANY, ELLEN       STREET ADDRESS       299 Park Ave         STREET ADDRESS       388 GREENWICH ST., 29TH FLR.       STREET ADDRESS       399 Park Ave         CITY-ST-ZIP       NEW YORK, NY 10043       CTY-ST-ZIP       NEW YORK, NY 10043         TITLE       Delete       TITLE       NAWE         STREET ADDRESS       388 GREENWICH ST., 29TH FLR.       STREET ADDRESS       399 Park Ave         CITY-ST-ZIP       NEW YORK, NY 10043       CTY-ST-ZIP       NEW YORK, NY 10043         TITLE       Delete       TITLE       CHY-ST-ZIP         NAME       STREET ADDRESS       CITY-ST-ZIP       CHY-ST-ZIP         ITLE       Obelete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       CHY-ST-ZIP       CHY-ST-ZIP         12. 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 of the corporation or the receiver of rustee empowered to execute this report as require	NAME STREET ADDRESS	JOVEN, F 250 CARF	PENTER FREEWAY	Delete	NAM STRE	e Et address					Change	Addition	
NAME       ALEMANY, ELLEN         STREET ADDRESS       383 GREENWICH ST., 29TH FLR.         CITY-ST-ZIP       NEW YORK, NY 10043         TTILE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       Delete         TTILE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CHAnge         Addition         NAME         STREET ADDRESS         CITY-ST-ZIP         It 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment win an address, with all other like empowered.         SIGNATURE:       MAME	NAME STREET ADDRESS	VERDESC 450 MAM	ARONECK AVE.	Delete	NAM	e et address					Change	Addition	
TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment wir an address, with all other like empowered.         SIGNATURE:       John S. John L. 1:31:05       G72-45:3:1717	NAME STREET ADDRESS	ALEMAN 388 GREI	ENWICH ST., 29TH FLF		NAM Stre	e Et address	PD Ellen 399 Neu	Alemany Park Ave J Vork, N			Change	Addition	
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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	NAME STREET ADDRESS			💭 Delete	NAM	e et address					Change	Addition	
	<ol> <li>I hereby of indicated of the corr changed,</li> </ol>	12. It 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 curate 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											

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