


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0146286 AB

DOCUMENT # F00000000650	
1. Entity Name SFC CAPITAL GROUP CORPORATION	

FILED

03 JUL 30 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 20801 BISCAYNE BLVD SUITE 403 MIAMI FL 33180	Mailing Address 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 94-3308109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
500021941945 07/30/03--01055--005 **550.00	
City	FL Zip Code

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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD HAGEN, ANTHONY M 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SV SMITH, DUANE L 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V CHAIR, DANIEL 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S ANDERSSON, MARK W 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE	Christine Costamagna
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	NC1-021-02-20
CITY-ST-ZIP		CITY-ST-ZIP	401 N TRYON ST
TITLE	TCFO KEYES, ROBERT A JR 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 or 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.

SIGNATURE: *Duane L. Smith, Sr.* 7-16-03 415-622-4656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Duane L. Smith, Sr. V.P. Daytime Phone #

CR2E034 (4/03)