

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90288 026 ***150.00

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1. Entity Name

CAPITALSOURCE HOLDINGS, INC.



Principal Place of Business

4445 WILLARD AVENUE, 12TH FLOOR
CHEVY CHASE MD 20815

Mailing Address

4445 WILLARD AVENUE, 12TH FLOOR
CHEVY CHASE MD 20815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 11

TITLE
NAME PD
STREET ADDRESS DELANEY, JOHN K
CITY-ST-ZIP 4445 WILLARD AVENUE, 12TH FLOOR
CHEVY CHASE MD 20815

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S
STREET ADDRESS MUSELES, STEVEN A
CITY-ST-ZIP 4445 WILLARD AVENUE, 12TH FLOOR
CHEVY CHASE MD 20815

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME T
STREET ADDRESS MOZINGO, JAMES M
CITY-ST-ZIP 4445 WILLARD AVENUE, 12TH FLOOR
CHEVY CHASE MD 20815

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS FISH, JASON M
CITY-ST-ZIP ONE MARITIME PLAZA, 11TH FLOOR
SAN FRANCISCO CA 94111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

JAMES M. MOZINGO

Date

Daytime Phone #

301-841-2731

CR2E034 (10/02)