


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90119 036 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F93000002528</b>					
1. Corporation Name <b>RESOURCE BANCSHARES MORTGAGE GROUP, INC.</b>					
Principal Place of Business 7909 PARKLANE ROAD COLUMBIA SC 29223 US			Mailing Address 7909 PARKLANE ROAD COLUMBIA SC 29223 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/28/1993</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>57-0962375</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Zip	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
<b>FL</b>					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CEO	<input type="checkbox"/> DELETE			
NAME	SEBASTIAN, EDWARD J				
STREET ADDRESS	1901 MAIN STREET, SUITE 650				
CITY-ST-ZIP	COLUMBIA SC 29201				
TITLE	VCD	<input type="checkbox"/> DELETE			
NAME	JOHNSON, DAVID W JR				
STREET ADDRESS	7909 PARKLANE ROAD				
CITY-ST-ZIP	COLUMBIA SC				
TITLE	SEV	<input type="checkbox"/> DELETE			
NAME	DUNCAN, RICHARD				
STREET ADDRESS	7909 PARKLANE RD				
CITY-ST-ZIP	COLUMBIA SC				
TITLE	SV	<input type="checkbox"/> DELETE			
NAME	DORCHUCK, JORDAN				
STREET ADDRESS	7909 PARKLANE ROAD				
CITY-ST-ZIP	COLUMBIA SC				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	CURRIE, JOHN W				
STREET ADDRESS	1301 GERVAIS STREET				
CITY-ST-ZIP	COLUMBIA SC 29211				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KELTON, ROBIN				
STREET ADDRESS	35 CURZON STREET				
CITY-ST-ZIP	LONDON EN W1Y 7				
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME		<b>Director Only</b>			
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 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 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 an address, with all other file empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jordan D. Dorchuck**

**4/21/99**

**(803) 741-3000**

Date

Daytime Phone #

CR2F034 (4/1/99)