Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90169 022 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005679

1. Corporation Name

AMMESCO COMMENCIAL FINANCE, INC.									
Principal Place of Business Mailing Address						-	ill Br its Br iti i	TRIBI BITIE BITEL	18818 1811 1885
565 W MYRTLE 7 500 NORTH PEARL ST. SUITE 410 BOISE ID 83702 US 700 NORTH PEARL ST. STE. 2400-LB 342 DALLAS TX 75201-7424 US			1			DO NOT WRI 3. Date incorporated or Qualifed	TE IN THIS	SPACE	
US						12/15/1993			1
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ар	plied For
412 E. ParkCenter Blvd. 26						82-0460517		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75	Additional
22 Suite 300 27						3. Certificate of Status Desired		Fee Re	equired
City & State City & State						6. Election Campaign Financing		\$5.00	- 1
Boise, ID 28						Trust Fund Contribution	<u> </u>	Added t	to Fees
			Countr	У		8. This corporation owes the curr	ent year Int		utu Na
24 83706		29 3	0			Personal Property Tax.	torod		χ <mark>Σ</mark> Νο
Name and Address of Current Registered Agent					Name	10. Name and Address of New I	<u>cegis</u> iereu	Agent	
CT CORDODATION				1 1	taine				
CT CORPORATION 1200 S. PINE ISLAND RD.				2 3	Street Addres	ss (P.O. Box Number is Not Accepta	able)		
PLANTATION FL 33324			83	3					
FUNITATION FL 33324									
· ·				4 (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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.									
12.	OFFICERS AND	DIRECTORS	13.	:		ADDITIONS/CHANGES TO CI	TIOLI TO AL	Change	Addition
TITLE	VP				\ V			- Japan	
NAME	FULKERSON, LOWELL A				,				
1	STREET ADDRESS 700 N. PEARL ST. STE. 2400-LB 342			1.3 STREET ADDRESS					
CITY-ST-ZIP	0740 to 174 1020 1 7 12 1			21 TITLE				XX Change	Addition
TITLE	-			2.2 NAME		E 0		1474	
NAME	LOIZ, NODEM II M.				DRESS				
STREET ADDRESS									
CITY-ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE		Dana		☐ Change	Addition
NAME	F000		3.2 NAME	3.2 NAME		PC00			
STREET ADDRESS	ADAII, HODEIII E III		3.3 STRE		DRESS .				
CITY-ST-ZIP	DALLAS TX 75201-7424	OVE	3.4. CITY						l
TITLE				4.1 TITLE 4.2 NAME				XXChange	Addition
NAME	EDWARDS, BARRY L								
STREET ADDRESS	700 N. PEARL ST. STE. 2400-LB	342	4.3 STRE	ET AL	DORESS				ĺ
CITY-ST-ZIP	DALLAS TX 75201-7424	· • ·-	4.4 CITY-	ST-Z	GP				
TITLE	57 LED 10 177 : 450 1 1 1 1		5.1 ππLE		VT.	•		XX Change	☐ Addition
NAME	ANDRUS, THOMAS J		5.2 NAME	E	'				
STREET ADDRESS	700 N. PEARL ST. STE, 2400-LB	342	5.3 STRE	ET AL	DORESS				
CITY-ST-ZIP	DALLAS TX 75201-7424 5.40			ST-Z	DP P			VAL	
TILE	VP3C		6.1 TITLE			/SD		X[X] Change	Addition
NAME	BLACKWELL, KEITH L								
CTOPPE ADDRESS	700 N DEADL OF STE 2400 LD	242	6.3 STRE	ET AL	DORESS !				

CITY-ST-ZIP

DALLAS TX 75201-7424

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 like empowered.

6.4 CITY-ST-ZiP

CITY-ST-ZIP

CER OR DIRECTOR