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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005455 (9)

1. Corporation Name

SMALL BUSINESS LOAN SOURCE, INC.



Principal Place of Business

5333 WESTHEIMER, SUITE 840
HOUSTON TX 77056

Mailing Address

5333 WESTHEIMER, SUITE 840
HOUSTON TX 77056-5407

3. Date Incorporated or Qualified

11/07/1995

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

21 5333 Westheimer

Suite, Apt. #, etc.

22 Suite 840

City & State

23 Houston, TX

Zip

24 77056

Country

25 USA

2a. Mailing Address

26 5333 Westheimer

Suite, Apt. #, etc.

27 Suite 840

City & State

28 Houston, TX

Zip

29 77056

Country

30 USA

4. FEI Number

APPLIED FOR 76-0483440

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 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. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	JOHNSON, ALBERT J II	
STREET ADDRESS	5333 WESTHEIMER, SUITE 840	
CITY - ST - ZIP	HOUSTON TX 77056	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULTE, JOHN B	
STREET ADDRESS	5333 WESTHEIMER, SUITE 840	
CITY - ST - ZIP	HOUSTON TX 77056	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANFORTH, FRED C	
STREET ADDRESS	175 PORTLAND ST., SUITE 300	
CITY - ST - ZIP	BOSTON MA 02114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGRATH, ALEXANDER S	
STREET ADDRESS	175 PORTLAND ST., STE. 300	
CITY - ST - ZIP	BOSTON MA 02114	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHULTE, JOHN B JR.	
STREET ADDRESS	5333 WESTHEIMER, SUITE 840	
CITY - ST - ZIP	HOUSTON TX 77056	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRIS, PATRICIA C	
STREET ADDRESS	5333 WESTHEIMER, SUITE 840	
CITY - ST - ZIP	HOUSTON TX 77056	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 do 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

SIGNATURE:

Albert J. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

713) 961-5626

(Date)

(Daytime Phone #)

0495858

CR2E034 (9/96)