

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90006 014 ***550.00

DOCUMENT # F95000005455

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0483440**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **JOHNSON, ALBERT J II**
STREET ADDRESS **5333 WESTHEIMER, SUITE 840**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **JEFF POTER** ☐ Change ☒ Addition
NAME **100 DEER PATH LANE**
STREET ADDRESS **WESTIN, MA, 02493**
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **SCHULTE, JOHN B**
STREET ADDRESS **5333 WESTHEIMER, SUITE 840**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DANFORTH, FRED C**
STREET ADDRESS **175 PORTLAND ST., SUITE 300**
CITY-ST-ZIP **BOSTON MA 02114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCGRATH, ALEXANDER S**
STREET ADDRESS **175 PORTLAND ST., STE. 300**
CITY-ST-ZIP **BOSTON MA 02114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HARRIS, PATRICIA C**
STREET ADDRESS **5333 WESTHEIMER, SUITE 840**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **SHEFFIELD, DAN**
STREET ADDRESS **5333 WESTMETER STE 40**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13: 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/01 713-425-346

CR2E034 (5/01)