2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am Secretary of State F95000005455 DOCUMENT # 1. Entity Name 05-20-2002 90024 018 ***150 00 SMALL BUSINESS LOAN SOURCE, INC. Principal Place of Business Mailing Address 5333 WESTHEIMER, SUITE 840 5333 WESTHEIMER, SUITE 840 HOUSTON TX 77056 HOUSTON TX 77056 2. Principal Place of Business 3. Mailing Address 9801 WESTHEIMER RO AMEDO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. th Floor 4. FEI Number Applied For City & State City & State 76-0483440 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 110 NORTH MAGNOLIA ST. TALLAHASSEE FL 32301 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE __ Change ☐ Addition ☐ Delete TITLE NAME JOHNSON, ALBERT J II NAME STREET ADDRESS STREET ADDRESS 5333 WESTHEIMER, SUITE 840 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77056** ☐ Addition Delete TITLE Change NAME SCHULTE, JOHN B STREET ADDRESS STREET ADDRESS 5333 WESTHEIMER, SUITE 840 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77056** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME POTTER, JEFF STREET ADDRESS 100 DEER PATH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WESTIN VA 02493 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MCGRATH. ALEXANDER S STREET ADDRESS STREET ADDRESS 175 PORTLAND ST., STE. 300 CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02114** Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME HARRIS, PATRICIA C STREET ADDRESS STREET ADDRESS 5333 WESTHEIMER, SUITE 840 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77056** ☐ Delete TITLE ☐ Channe ☐ Addition NAME SHEFFIELD, DAN NAME

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

5333 WESTMETER STE 40

HOUSTON TX 77056

STREET ADDRESS

CITY-ST-ZIP