

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

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

04-23-1999 90119 037 ***150.00

DOCUMENT # F97000005664

1. Corporation Name

RESOURCE BANCSHARES CORPORATION



Principal Place of Business

1901 MAIN ST., STE. 650
COLUMBIA SC 29201

Mailing Address

1901 MAIN ST., STE. 650
COLUMBIA SC 29201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

57-0833038

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	CCEO	<input type="checkbox"/> DELETE
NAME	SEBASTIAN, EDWARD J	
STREET ADDRESS	1901 MAIN ST., STE. 650	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	P	<input type="checkbox"/> DELETE
NAME	IRELAND, LOCK W	
STREET ADDRESS	225 WATER ST., STE. 1575	
CITY-ST-ZIP	JACKSONVILLE-FL-32202	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GALLOWAY, DWIGHT	
STREET ADDRESS	100 EXECUTIVE CENTER DR., STE. 101	
CITY-ST-ZIP	COLUMBIA SC 29210	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RANDALL, CHARLES W III	
STREET ADDRESS	100 EXECUTIVE CENTER DR., STE. 101	
CITY-ST-ZIP	COLUMBIA SC 29210	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	ARD, MELISSA A	
STREET ADDRESS	1901 MAIN ST., STE. 650	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DORCHUCK, J D	
STREET ADDRESS	7909 PARKLANE RD	
CITY-ST-ZIP	COLUMBIA SC 29223	

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 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.

SIGNATURE:

Edward J. Sebastian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #