

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003356

1. Entity Name
REPUBLIC LEASING AND COMPANY, INC.



Principal Place of Business

100 EXECUTIVE CENTER DR, SUITE 101
COLUMBIA, SC 29210

Mailing Address

9710 TWO NOTCH ROAD
COLUMBIA, SC 29223



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2475979

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HERBERT, STEVEN F
STREET ADDRESS	9710 TWO NOTCH ROAD
CITY-STATE-ZIP	COLUMBIA, SC 29223
TITLE	CEO
NAME	GALLOWAY, DWIGHT
STREET ADDRESS	100 EXECUTIVE CENTER DRIVE SUITE 101
CITY-STATE-ZIP	COLUMBIA, SC 29210
TITLE	PCOO
NAME	RANDALL, CHARLES III
STREET ADDRESS	100 EXECUTIVE CENTER DR. SUITE 101
CITY-STATE-ZIP	COLUMBIA, SC 29210
TITLE	VPCF
NAME	KIRKLAND, PAMELA S
STREET ADDRESS	100 EXECUTIVE CENTER DR. SUITE 101
CITY-STATE-ZIP	COLUMBIA, SC 29210
TITLE	SD
NAME	MAPSON, CHARLES E
STREET ADDRESS	9710 TWO NOTCH ROAD
CITY-STATE-ZIP	COLUMBIA, SC 29223
TITLE	Assistant Secretary
NAME	Elizabeth Jourdain
STREET ADDRESS	9710 Two Notch Road
CITY-STATE-ZIP	Columbia, SC 29223

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IN THIS SPACE**

12. 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 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

803-462-8234

Daytime Phone #