2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031232

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

COLUMDIA, SC 29223

() Delete

FILED Apr 30, 2004 Secretary of State

Entity Na	me: RESC	URCE BANCSHA	RES MORTGAG	E GROUP, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:				
	NOTCH R A, SC 2922				NOTCH RD A, SC 29223				
Current Mailing Address:				New Maili	New Mailing Address:				
9710 TWO NOTCH RD COLUMDIA, SC 29223					9710 TWO NOTCH RD COLUMBIA, SC 29223				
FEI Number	: 57-0962375	FEI Number Ap	plied For()	FEI Number Not Appl	icable ()	Certificat	e of Status Des	ired()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:				
1200 S PIN PLATATIC The above in the State	e of Florida.	RD 24 US ity submits this sta	tement for the pu	rpose of changing i	ts registered o	office or re	egistered ager	nt, or both,	
SIGNATUI		tronic Signature of	Registered Agen	t		Г	Date		
Election Car		cing Trust Fund Con	· ·			_	Jaio		
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES	TO OFFI	CERS AND I	DIRECTORS:	
Title: Name: Address: City-St-Zip:		() Delete STEVEN F NOTCH RD , SC 29223		Title: Name: Address: City-St-Zip:	PRES (X HERBERT, ST 9710 TWO NO COLUMBIA, SO	TCH RD) Addition		
Title: Name: Address: City-St-Zip:	9710 TWO	() Delete CHARLES E NOTCH RD , SC 29223		Title: Name: Address: City-St-Zip:	D (X MAPSON, CHA 9710 TWO NO COLUMBIA, SO	TCH RD	*		
Title: Name: Address:	D MCCOY, JE 9710 TWO	() Delete ERALDS W NOTCH RD		Title: Name: Address:	DIR (X MCCOY, JERA 9710 TWO NO) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

COLUMBIA, SC 29223

JOURDAIN, ELIZABETH

COLUMBIA, SC 29223

9710 TWO NOTCH ROAD

() Change (X) Addition

DIR

SIGNATURE: ELIZABETH JOURDAIN **ASST** 04/30/2004