FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38225** **(9)**

1. Corporation Name
EMERGENT BUSINESS CAPITAL, INC.

Principal Place of Business
15 S MAIN ST
SUITE 750
GREENVILLE SC 29601
US

Mailing Address
P. O. BOX 17526
GREENVILLE SC 29606
US

3. Date Incorporated or Qualified: 04/07/1992
3a. Date of Last Report: 01/27/1995
4. FEI Number: 57-0944618 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	GIDDENS, KEITH B		1.2 NAME	
STREET ADDRESS	~~200 GARVIN STREET~~		1.3 STREET ADDRESS	15 South Main Street, Suite 750
CITY-ST-ZIP	~~PICKENS SC~~		1.4 CITY-ST-ZIP	Greenville, SC 29601
TITLE	PD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	BICKLEY, JOHN A.		2.2 NAME	
STREET ADDRESS	~~15 S AMIN #750~~		2.3 STREET ADDRESS	15 S. Main St, Suite 750
CITY-ST-ZIP	GREENVILLE SC		2.4 CITY-ST-ZIP	
TITLE	TVSD	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	MAST, KEVIN J		3.2 NAME	
STREET ADDRESS	~~0 BRIARBERRY CT~~		3.3 STREET ADDRESS	15 S. Main St, Suite 750
CITY-ST-ZIP	~~GREER SC~~		3.4 CITY-ST-ZIP	Greenville, SC 29601
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STERLING, JOHN M		4.2 NAME	
STREET ADDRESS	15 S MAIN #750		4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ROBERT		5.2 NAME	
STREET ADDRESS	15 S MAIN #750		5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☑ Change ☐ Addition
NAME	SCHUSTER, DERYL K.		6.2 NAME	
STREET ADDRESS	~~27931 W 67 STR SO~~		6.3 STREET ADDRESS	15 S. Main Street, Suite 750
CITY-ST-ZIP	~~WOLA KS~~		6.4 CITY-ST-ZIP	Greenville, SC 29601

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: A Scott Lining — A. Scott Lining, Controller — 5/22/96 — (864) 232-6197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)