

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 # P94000030800 (4)

1. Corporation Name

U.S. COMMERCIAL FUNDING CORP.



Principal Place of Business

250 ROYAL PALM WAY  
201  
PALM BEACH FL 33480  
US

Mailing Address

250 ROYAL PALM WAY  
PALM BEACH FL 33480  
US

2. Principal Place of Business

21 901 WARRENVILLE RD

2a. Mailing Address

26 (SAME)

22 Suite, Apt. #, etc.  
#104

27 Suite, Apt. #, etc.

23 City & State  
LISLE IL

28 City & State

24 Zip  
60532

25 Country  
DUPAGE

29 Zip

30 Country

3. Date Incorporated or Qualified

04/22/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0485848

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

9. Name and Address of Current Registered Agent

DRENNEN L WHITMIRE, JR.  
500 S AUSTRALIAN AVENUE SUITE 800  
CLEARLAKE PLAZA  
WEST PALM BEACH FL 33401

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MORRIS, DOUGLAS P  
STREET ADDRESS 515 RED CYPRESS RD.  
CITY-ST-ZIP CARY IL 60013

TITLE D ☐ DELETE  
NAME TALKS, HOWARD  
STREET ADDRESS 205 WORTH AVE., SUITE 201  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☒ DELETE  
NAME PINO, LAWRENCE  
STREET ADDRESS 1300 PINE ST.  
CITY-ST-ZIP ORLANDO FL 32802

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

4/18/96

708 434 8096

Date

Daytime Phone #

CR2E034 (12/95)