


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0401957 AV

DOCUMENT # <b>P94000032586</b>	
1. Entity Name <b>CAPITAL FACTORS HOLDING, INC.</b>	

FILED

03 MAY -29 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>120 E PALMETTO PARK RD 5TH FLOOR BOCA RATON FL 33432 US</b>		Mailing Address <b>120 E PALMETTO PARK RD 5TH FLOOR BOCA RATON FL 33432 US</b>	
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>58-1565319</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LEVINE, MICHAEL G 120 EAST PALMETTO PARK RD. SUITE 500 BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 *N/A* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DE LE CRUZ, LINDA 7130 GOODLETT FARMS PKWY CORDOVA TN 38018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP Michael J. Sullivan, One Briham Green 15800 John T Delaney Drive, Ste 300 Charlotte, NC 28217</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HOUSE, E JAMES JR 7130 GOODLETT FARMS PKWY CORDOVA TN 38018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP Stephen J. Donohue 1700 Broadway, 19th Floor New York, NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO MCDERMOTT, DENNIS 1799 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP James L. Morrison 700 South Flower Street, Ste 2001 Los Angeles, CA 90017</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOORE, JACKSON 7130 GOODLETT FARMS PKWY CORDOVA TN 38018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300020257623 05/29/03--01078--003 **750.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENNET, JOHN 7130 GOODLETT FARMS PKWY CORDOVA TN 38018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LEVINE, MICHAEL G 120 E PALMETTO PARK RD 5TH FL BOCA RATON FL 33432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: Daytime Phone #

CR2E034 (10/02)