## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000052756

Entity Name: BANKING CORPORATION OF FLORIDA

FILED Mar 31, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8850 TAMIAMI TRAIL NORTH NAPLES, FL 34108				8850 TAMIAMI TRAIL NORTH NAPLES, FL 34108 US		
Current Mailing Address:				New Mailing Address:		
PO BOX 771449 NAPLES, FL 341071449				PO BOX 771449 NAPLES, FL 34107 US		
FEI Number: 59-3455998 FEI Number Applied For ( ) FEI Nu			FEI Number No	umber Not Applicable ( ) Certificate of Status Desired ( )		
Name and	l Address of C	Current Registered Agent:	Nam	e and Address	of New Registered Agent:	
	', ROBERT O IAMI TRAIL NO FL 34108 L	PRTH IS				
The above in the State	e named entity : e of Florida.	submits this statement for the pur	pose of chan	iging its register	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered Agent			Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADD	ITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D ( ) HOYT, JOHN W 8850 TAMIAMI NAPLES, FL 3	TRAIL NORTH	Title: Name: Addres City-S	ss: 8850 TAM	(X) Change () Addition HN W IAMI TRAIL NORTH FL 34108 US	
Title: Name: Address: City-St-Zip:	D ( ) STRANGIS, RA 5500 NORWES MINNEAPOLIS	T CENTER	Title: Name: Addres City-S	ss: 90 SOUTH	(X) Change ( ) Addition 5, RALPH I SEVENTH STREET, #5500 DLIS, MN 55402 US	
Title: Name: Address: City-St-Zip:	C/D ( ) ANDERSON, LO 8850 TAMIAMI NAPLES, FL 3	TRAIL NORTH	Title: Name: Addres City-S	ss: 8850 TAM	(X) Change()Addition N, LOWELL C IAMI TRAIL NORTH FL 34108 US	
Title: Name: Address: City-St-Zip:	S/D ( ) GAGNON, CRA 45 SOUTH SEV MINNEAPOLIS	ENTH ST.	Title: Name: Addres City-S	ss: 3400 PLA	(X) Change ( ) Addition CRAIG W ZA VII BUILDING DLIS, MN 55402 US	
Title: Name: Address: City-St-Zip:	VP/D ( ) SMEDLEY, RO 8850 TAMIAMI NAPLES, FL 3	TRAIL NORTH	Title: Name: Addres City-S	ss: 8850 TAM	(X) Change()Addition ′, ROBERT O IAMI TRAIL NORTH FL 34108 US	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Addres City-S	ss: 90 SOUTH	( ) Change (X) Addition SAMUEL L I SEVENTH STREET, #5500 DUS MN 55402 US	

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.

SIGNATURE: ROBERT O. SMEDLEY D/AS 03/31/2003