2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000032258

City-St-Zip:

Entity Name: FIRST CREDIT COMMERCIAL CAPITAL CORP.

FILED Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6220 S. ORANGE BLOSSOM TRAIL 1503 WEST SMITH STREET SUITE 320 ORLANDO, FL 32804 ORLANDO, FL 32809 **New Mailing Address: Current Mailing Address:** 6220 S. ORANGE BLOSSOM TRAIL 1503 WEST SMITH STREET SUITE 320 ORLANDO, FL 32804 ORLANDO, FL 32809 FEI Number: 59-3568330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, GARY LIND JOHNSON, GARY LIND 1503 WEST SMITH STREET 6220 S. ORANGE BLOSSOM TRAIL SUITE 320 ORLANDO, FL 32804 ORLANDO, FL 32809 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. SIGNATURE: 04/26/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition JOHNSON, GARY LIND JOHNSON, GARY LIND Name: Name: 6220 S. ORANGE BLOSSOM TRAIL 1503 WEST SMITH STREET Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32804 Title: () Change () Addition Title: () Delete Name: FOSTER, EMMETT J Name: 107 AMBERWOOD DRIVE Address: Address: LONGWOOD, FL 32779 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CARROL, T.R. Name: Name: 1627 NE 126TH AVENUE Address Address: City-St-Zip: PORTLAND, OR 97230 City-St-Zip: Title: () Delete Title: () Change (X) Addition JOHNSON, ERIN B Name: Name: Address: Address: 1503 WEST SMITH STREET

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:

ORLANDO, FL 32804 US

SIGNATURE: GARY LIND JOHNSON P 04/26/2002