

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 847716

**Entity Name:** BUSINESS PROPERTY LENDING, INC.**Current Principal Place of Business:**501 RIVERSIDE AVENUE  
12 FLOOR  
JACKSONVILLE, FL 32202**Current Mailing Address:**501 RIVERSIDE AVENUE  
12 FLOOR  
JACKSONVILLE, FL 32202 US**FEI Number:** 36-1208070**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	WILSON, BLAKE
Address	501 RIVERSIDE AVENUE 12 FLOOR
City-State-Zip:	JACKSONVILLE FL 32202

Title	ASST. SECRETARY
Name	BARRETT, DAVE
Address	501 RIVERSIDE AVENUE 12 FLOOR
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	SMILEY, JEFF
Address	501 RIVERSIDE AVENUE 12 FLOOR
City-State-Zip:	JACKSONVILLE FL 32202

Title	EVP
Name	VIECELI, GREG
Address	501 RIVERSIDE AVENUE 12 FLOOR
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	CLEMENTS, ROBERT M
Address	501 RIVERSIDE AVENUE 12 FLOOR
City-State-Zip:	JACKSONVILLE FL 32202

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVE BARRETT

ASST. SECRETARY

02/24/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date