

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003336 (3)**

1. Corporation Name

FM GLOBAL INSURANCE AGENCY, INC.



Principal Place of Business

**820 GESSNER RD
SUITE 150
HOUSTON TX 77024**

Mailing Address

**820 GESSNER RD
SUITE 150
HOUSTON TX 77024**

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD
OSTER, SHELDON I**
STREET ADDRESS **820 GESSNER RD, SUITE 150**
CITY-ST-ZIP **HOUSTON TX 77024**

TITLE ☐ DELETE

NAME **PD
THOMAS, RAYMOND L**
STREET ADDRESS **820 GESSNER RD, SUITE 150**
CITY-ST-ZIP **HOUSTON TX 77024**

TITLE ☐ DELETE

NAME **ST
HARTMANN-LINCK, SUZANNE**
STREET ADDRESS **820 GESSNER RD, SUITE 150**
CITY-ST-ZIP **HOUSTON TX 77024**

TITLE ☐ DELETE

NAME **AV
COOPER, RICHARD C**
STREET ADDRESS **8001 CENTERVIEW PKWY #202**
CITY-ST-ZIP **MEMPHIS TN 38018**

TITLE ☐ DELETE

NAME **AV
HAGENY, JAMES L**
STREET ADDRESS **1507 E. SUNSET DR #115**
CITY-ST-ZIP **WAUKESHA WI 53186**

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

**AV
Mark Hilliard
820 Gessner Road, Suite 150
Houston, TX 77024**

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:

Suzanne Hartmann-Linck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

Date

713-973-0226

Daytime Phone #

CR2E034 (12/95)