

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90082 048 \*\*\*150.00

**DOCUMENT # 824287**

1. Entity Name  
**AFSC AGENCY INC**



Principal Place of Business

~~W ASSOCIATES CORP OF NORTH AMERICA~~  
~~250 CARPENTER FREEWAY~~  
~~IRVING TX 75062~~  
 US

Mailing Address

~~P O BOX 600207~~  
 CORPT AX DEPT  
 BALLAG TX 72666 0207  
 US

2. Principal Place of Business

**307 W 7TH STREET**

Suite, Apt. #, etc.

City & State

**FORT WORTH, TX**

Zip

**76113**

Country

3. Mailing Address

**300 ST. PAUL PLACE**

Suite, Apt. #, etc.

**BSP100**

City & State

**BALTIMORE, MD**

Zip

**21202**

Country

4. FEI Number

**35-1165874**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROCK, DAVID A</b>	NAME	<b>RICHARD C. AGNELLO</b>
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	STREET ADDRESS	<b>307 W 7TH STREET</b>
CITY-ST-ZIP	<b>IRVING TX</b>	CITY-ST-ZIP	<b>FORT WORTH, TX 76113</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORRISON, MARK J</b>	NAME	<b>DAVID R. NEAVES</b>
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	STREET ADDRESS	<b>307 W 7TH STREET</b>
CITY-ST-ZIP	<b>IRVING TX</b>	CITY-ST-ZIP	<b>FORT WORTH, TX 76113</b>
TITLE	<b>VPS</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WONG, MARTIN J</b>	NAME	<b>PETER B. DAHLBERG</b>
STREET ADDRESS	<b>300 ST PAUL PL</b>	STREET ADDRESS	<b>307 W 7TH STREET</b>
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	CITY-ST-ZIP	<b>FORT WORTH, TX 76113</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VOHRA, ATUL</b>	NAME	<b>JOHN D. HATCH</b>
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	STREET ADDRESS	<b>307 W 7TH STREET</b>
CITY-ST-ZIP	<b>IRVING TX</b>	CITY-ST-ZIP	<b>FORT WORTH, TX 76113</b>
TITLE	<b>AVPS</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FREDERICK, MICHAEL J</b>	NAME	<b>PAULA D. LARKIN</b>
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	STREET ADDRESS	<b>307 W 7TH STREET</b>
CITY-ST-ZIP	<b>IRVING TX 75062</b>	CITY-ST-ZIP	<b>FORT WORTH, TX 76113</b>
TITLE	<b>TV</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUGHES, J.F.</b>	NAME	<b>JOHN I. JONES</b>
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	STREET ADDRESS	<b>300 ST PAUL PLACE</b>
CITY-ST-ZIP	<b>IRVING TX</b>	CITY-ST-ZIP	<b>BALTIMORE, MD 21202</b>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN I. JONES **REQUIRED** JOHN I. JONES 4/30/02 410-332-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)