

# 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

~~10 ASSOCIATES CORP OF NORTH AMERICA~~  
~~250 CARPENTER FREEWAY~~  
~~IRVING TX 75062~~  
 US

Mailing Address

~~P O BOX 600207~~  
~~CORPT AX DEPT~~  
~~BALLAG TX 72606 0207~~  
 US

2. Principal Place of Business

**307 W 7TH STREET**

Suite, Apt. #, etc.

3. Mailing Address

**300 ST. PAUL PLACE**

Suite, Apt. #, etc.

**BSP100**

City & State

**FORT WORTH, TX**

Zip

**76113**

Country

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

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROCK, DAVID A</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORRISON, MARK J</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WONG, MARTIN J</b>	
STREET ADDRESS	<b>300 ST PAUL PL</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VOHRA, ATUL</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>AVPS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FREDERICK, MICHAEL J</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>TV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUGHES, J.F.</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD C. AGNELLO</b>	
STREET ADDRESS	<b>307 W 7TH STREET</b>	
CITY-ST-ZIP	<b>FORT WORTH, TX 76113</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVID R. NEAVES</b>	
STREET ADDRESS	<b>307 W 7TH STREET</b>	
CITY-ST-ZIP	<b>FORT WORTH, TX 76113</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETER B. DAHLBERG</b>	
STREET ADDRESS	<b>307 W 7TH STREET</b>	
CITY-ST-ZIP	<b>FORT WORTH, TX 76113</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN D. HATCH</b>	
STREET ADDRESS	<b>307 W 7TH STREET</b>	
CITY-ST-ZIP	<b>FORT WORTH, TX 76113</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAULA D. LARKIN</b>	
STREET ADDRESS	<b>307 W 7TH STREET</b>	
CITY-ST-ZIP	<b>FORT WORTH, TX 76113</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN I. JONES</b>	
STREET ADDRESS	<b>300 ST PAUL PLACE</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:

**SIGNATURE 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)