


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90082 031 ***150.00

DOCUMENT # 824287
 1. Entity Name
AFSC AGENCY INC



Principal Place of Business
307 W 7TH STREET
FORT WORTH, TX 76113 US

Mailing Address
300 ST PAUL PLACE
BS010D
BALTIMORE, MD 21202 US

50031570

2. Principal Place of Business
300 Meacham Blvd

3. Mailing Address
300 St. Paul Place

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
BS010D - Legal Dept

City & State
Fort Worth, TX

City & State
Baltimore, MD

Zip
76137

Country

Zip
21202

Country



03142005 Chg-P CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGNELLO, RICHARD C <input type="checkbox"/> Delete 307 W 7TH STREET FORT WORTH, TX 76113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NEAVES, DAVID R 307 W 7TH STREET FORT WORTH, TX 76113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DAHLBERG, PETER B 307 W 7TH STREET FORT WORTH, TX 76113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete HATCH, JOHN D 307 W 7TH STREET FORT WORTH, TX 76113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete LARKIN, PAULA D 307 W 7TH STREET FORT WORTH, TX 76113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Delete JONES, JOHN I 300 ST PAUL PLACE BALTIMORE, MD 21202

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>PATRICIA E. DAVID</i> <i>3001 MEACHAM BLVD</i> <i>FT WORTH, TX 76137</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>DARRELL J. GAMBERS</i> <i>3001 MEACHAM BLVD</i> <i>FT WORTH, TX 76137</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>GREGG H. LETMAN</i> <i>3001 MEACHAM BLVD</i> <i>FT WORTH, TX 76137</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>TERESA M. BARR</i> <i>300 ST. PAUL PLACE</i> <i>BALTIMORE, MD 21202</i>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa M. Barr* **TERESA M. BARR** *3/21/05* **410-332-8067**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #