

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90153 035 \*\*\*150.00

05/08/15 AV

**DOCUMENT # F00000001287**

1. Entity Name

**FIRST SOUTHWEST ASSET MANAGEMENT, INC.**

Principal Place of Business

**1700 PACIFIC AVENUE, SUITE 1300  
DALLAS TX 75201**

Mailing Address

**1700 PACIFIC AVENUE, SUITE 1300  
DALLAS TX 75201**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**75-2397709**

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

**MARQUEZ, EDWARD  
ONE BISCAYNE TOWER, SUITE 1890  
2 BISCAYNE BLVD  
MIAMI FL 33131-1808**

7. Name and Address of New Registered Agent

Name **Marquez, Edward**

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

**15280 N.W. 79th Court**

**Suite 107**

City

**Miami Lakes**

**FL**

Zip Code

**33016**

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 **C** ☐ Delete  
NAME **SCHLOSBERG, PAUL E**  
STREET ADDRESS **1700 PACIFIC AVENUE, SUITE 500**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE **P** ☒ Delete  
NAME **BURKE, TERENCE P**  
STREET ADDRESS **1700 PACIFIC AVE, STE 500**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE **T** ☒ Delete  
NAME **TIMM, WILLIAM C**  
STREET ADDRESS **1700 PACIFIC AVE, STE 500**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/D** ☒ Change ☐ Addition  
NAME **Schlosberg, Paul E.**  
STREET ADDRESS **1700 Pacific Avenue, Suite 500**  
CITY-ST-ZIP **Dallas, TX 75201**

TITLE **V** ☐ Change ☒ Addition  
NAME **McIntyre, Scott D.**  
STREET ADDRESS **98 San Jacinto Blvd., Suite 370**  
CITY-ST-ZIP **Austin, TX 78701**

TITLE **T** ☐ Change ☒ Addition  
NAME **Muschalek, John R.**  
STREET ADDRESS **1700 Pacific Avenue, Suite 500**  
CITY-ST-ZIP **Dallas, TX 75201**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John R. Muschalek**

Date

**214-953-4000**

Daytime Phone #

CR2E034 (9/01)