F00000001287

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
/B:	siness Entity Nar	<u> </u>
, (Bu	isiness ⊑ntity ivai	me)
. (Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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09/25/06--01030--012 **35.00

COVER LETTER

Division of Corporations	
SUBJECT: First Southwest Asset Managen	nent. Inc.
(Name of Corpora	ation)
DOCUMENT NUMBER: F00000001287	
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Myra Simmons-Homer	
(Name of Contact)	Person)
Capitol Corporate Services Regis (Firm/Compar	
800 Brazos, Suite 1100 (Address)	
Austin, Texas 78701 (City/State and Zip	Code)
For further information concerning this matter, please call:	
Myra Simmons-Homer at ((Name of Contact Person)	(800) 345-4647 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut ange is submitted for a corporation organized under the laws of the State of Delt er to change its registered office or registered agent, or both, in the State of Florid	aware	_	,
1. The name of	the corporation: First Southwest Asset Management, Inc.			
2. The principal office address: 325 North St. Paul Street, Suite 800, Dallas, Texas 75201				
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 03/06/2000 Document number: F00000001	287		
	d street address of the current registered agent and registered office on file with the timent of State:	;		
	John White			
	20 N. Orange Avenue, Suite 1209	Ħ.,,	2	
	Orlando, Florida 32801	LLLA!	3S 900	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	Circ FARY (LAHASSEE	2006 SEP 25	- - -
	Capitol Corporate Services, Inc.	S.F.C.	AH «	7
	(155 Office Plaza, Suite A (P.O. Box NOT acceptable)	Y OF STATE EE, FLORIDA	8: 02	
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street address of the business office of its reg be identical.	istered agen	ıt,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office report, or the comporation has been notified in writing of the change.	er so		
Nay !	Don Campbell, President (Frinted or typed name and title)		-	
l turther norée :	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby consider the writing of this change.	e performan mt. Or, if th nfirm that th	ce nis ne	
Dug	rnie Case 9-19-06	· · · · · · · · · · · · · · · · · · ·		
If signing on be	half of an entity:			
Delanie Case, Assistant	Secretary on behalf of Capitol Corporate Services, Inc.			
(7	yped or Printed Name)			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314