

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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Feb 03, 2004 08:00 AM
Secretary of State

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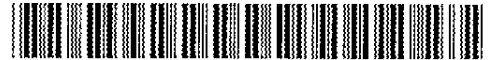
1. Entity Name
FIMC TALLAHASSEE, INC.



Principal Place of Business
**6363 WOODWAY, SUITE 1000
HOUSTON, TX 77057**

Mailing Address
**6363 WOODWAY, SUITE 1000
HOUSTON, TX 77057**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number **76-0670893** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

1000000032036

02/04/04-80174-001 150.00

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE
PD
NAME
DINERSTEIN, JACK
STREET ADDRESS
6363 WOODWAY, SUITE 1000
CITY-ST-ZIP
HOUSTON, TX 77057

TITLE
DV
NAME
DINERSTEIN, T. H
STREET ADDRESS
6363 WOODWAY, SUITE 1000
CITY-ST-ZIP
HOUSTON, TX 77057

TITLE
SD
NAME
CALTAGIRONE, VINCENT T III
STREET ADDRESS
6363 WOODWAY, SUITE 1000
CITY-ST-ZIP
HOUSTON, TX 77057

TITLE
T
NAME
HUSMANN, RANDALL
STREET ADDRESS
6363 WOODWAY, SUITE 1000
CITY-ST-ZIP
HOUSTON, TX 77057

TITLE
D
NAME
HORNE, ADRIANNE M
STREET ADDRESS
6363 WOODWAY, SUITE 1000
CITY-ST-ZIP
HOUSTON, TX 77057

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/2004

713.570.0300