


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001293</b> 1. Entity Name FIMC TALLAHASSEE, INC.	
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Principal Place of Business 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057	Mailing Address 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0670893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINERSTEIN, JACK 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DINERSTEIN, T. H 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALTAGIRONE, VINCENT T III 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUSMANN, RANDALL 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, ADRIANNE M 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/06-80006-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Randall Husmann 1/19/2006 713.570.0312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**RANDALL HUSMANN - CHIEF FINANCIAL OFFICER**