

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90013 020 ***150.00

DOCUMENT # F01000002880

1. Entity Name **FSC Insurance Agency, Inc.** ✓

DO NOT WRITE IN THIS SPACE

B0093031

2. Principal Place of Business
1700 Pacific Avenue

3. Mailing Address
1700 Pacific Avenue

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.
Suite 500

City & State
Dallas, TX

City & State
Dallas, TX

4. FEI Number
75-2925919

Applied For
Not Applicable

Zip Country
75201 US

Zip Country
75201 US

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Gebler, Keith E.

Street Address (P.O. Box Number is Not Acceptable)
1900 Glades Road

Suite 265

City **Boca Raton** **FL** Zip Code **33431**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P/D Campbell, Don 1700 Pacific Avenue, Suite 500 Dallas, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fertig, Scott O. 1700 Pacific Avenue, Suite 500 Dallas, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Zerewat, Dwight M. 1700 Pacific Avenue, Suite 500 Dallas, TX 75201
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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 on an attachment with an address with all other like empowered.

SIGNATURE:  **Don Campbell** **4/12/2002** **214-953-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)