



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # F01000002880 | | | |  | |
| 1. Entity Name FSC INSURANCE AGENCY, INC. | | | | | |
| Principal Place of Business 1700 PACIFIC AVENUE SUITE 500 DALLAS, TX 75201 | | | Mailing Address 1700 PACIFIC AVENUE SUITE 500 DALLAS, TX 75201 | | |
| 2. Principal Place of Business 325 N SAINT PAUL ST | | 3. Mailing Address 325 N SAINT PAUL ST | | | |
| Suite, Apt. #, etc. STE 800 | | Suite, Apt. #, etc. STE 800 | | | |
| City & State DALLAS, TX | | City & State DALLAS, TX | | 4. FEI Number 75-2925919 | |
| Zip 75201-3852 | | Country USA | | Applied For Not Applicable | |
| Zip 75201-3852 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GEBLER, KEITH E 1900 GLADES ROAD SUITE 265 BOCA RATON, FL 33431 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when remaining)</small> | | | | | |
| FILE NOW WITH FEES: \$480.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FERTIG, SCOTT O 1700 PACIFIC AVENUE, #600 DALLAS, TX 76201 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 325 N SAINT PAUL ST STE 800 DALLAS, TX 75201-3852 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ZEREWAT, DWIGHT M 1700 PACIFIC AVENUE, #600 DALLAS, TX 76201 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 325 N SAINT PAUL ST STE 800 DALLAS, TX 75201-3852 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CAMPBELL, DON 1700 PACIFIC AVENUE SUITE 600 DALLAS, TX 76201 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 325 N SAINT PAUL ST STE 800 DALLAS, TX 75201-3852 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  | | | DON CAMPBELL 4/21/2003 (214)953-4000 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

11021870



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)