F01000002880

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(C,,						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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FILED

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October 10, 2003

Via Federal Express TRK # 7910 2744 2523

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re:

Change of Registered Agent

First Southwest Company

First Southwest Asset Management, Inc.

FSC Insurance Agency, Inc.

Ladies and Gentlemen:

Enclosed are three checks for \$35 each for the fee to change the registered agent for the above referenced three companies.

A <u>Statement of Change of Registered Office or Registered Agent or Both for Corporations</u> and the related <u>Transmittal Letter</u> has been enclosed in duplicate for each company. Please return the stamped duplicate copies to:

Deborah Coddington First Southwest Company 325 N. Saint Paul St., Suite 800 Dallas, TX 75201-3852

If you have any questions, please call me at 214-953-4000.

Sincerely,

Deborah K. Coddington

Deborah K. Coddington

Senior Accountant

Enclosures

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		·					
SUBJ	ЕСТ:	FSC INSURANCE AGENCY (Name of corporation)						
		(Name of corporation)	1					
DOCU	JMENT NUMBER:	F010000002880						
The en	closed Statement of Change of	Registered Office/Agent and fee	e are submitted for filing.					
Please	return all correspondence conc	erning this matter to the following	ng:					
		DEBORAH K. CODDING	ron					
		(Name of person)						
FIRST SOUTHWEST COMPANY								
(Name of firm/company)								
OOT N. GAYNED BATTLE CO. CLUMP OOG								
325 N. SAINT PAUL ST., SUITE 800 (Address)								
		(* -44.1.022)						
		DATE AC MY SECOND CONT						
	DALLAS, TX 75201-3852 (City/state and zip code)							
For fur	ther information concerning thi	s matter, please call:						
DEB	ORAH K. CODDINGTON	at (214) 953-4000					
	(Name of perso	on)	214) 953-4000 (Area code & daytime telephone number)					
Enclos	ed is a \$35.00 check made paya	able 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 409 E. Gaines Street Tallahassee, FL 32399					

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

	-		, 607.1508, or 617.1508,		
-		ntion organized under the registered agent, or both,		TEXAS	in order
<u> </u>	the corporation:	FSC INSURANCE A	·		
2. The principal					
		DALLAS TX 75201-	3852		
3. The mailing	address (if differer	nt):			
4. Date of incor	poration/qualifica	tion: 5/25/2001	Document number: _	F0100000288	0
	d street address of rtment of State:	the current registered ag	ent and registered office o	on file with the	
	GEBLER, KEI	TH			F. 8
	1900 GLADES	ROAD SUITE 265			DS OCT
	BOCA RATON	FL 33431			37 5 F
6. The name an (if changed):			(if changed) and /or regis	stered office	PH 2: 06 SEE. FLORIG
	•	E AVE. SUITE 1209			- '
	20 14, OIMITOI	(P.O. Box or personal m	ailbox NOT acceptable)		
	ORLANDO FL	32801			_
The street addr	ess of its registere e identical.	ed office and the street a	ddress of the business of	ffice of its registe	ered agent, as
Such change w the board, or th	ras authorized by ne corporation has	resolution duly adopted been notified in writing	by its board of directors g of the change.	or by an officer	so authorized by
Doyle	Signature of anothers	or director)		ELL, SECRETA	
I jurther agree duties, and I ar being filed mer	t the appointment to comply with the n familiar with an ely to reflect a ch n writing of this c	ie provisions of all statu nd accept the obligation lange in the registered o	l agree to act in this cape tes relative to the proper of my position as registe ffice address, I hereby co	acity. and complete pered agent. Or, ion firm that the confirm that	erformance of my if this document is orporation has
(Olav	(Signature of Registers	Od Agent)		0/6/2003	3
If signing on b	ehalf of an entity:	·		. (2005)	
	(Typed or Printed No	ama)	_	(Canacity)	

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