


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

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90072 050 ***150.00

DOCUMENT # F06000005476	
1. Entity Name Lucien Wright Insurance Services, Inc.	

DO NOT WRITE IN THIS SPACE

40088051

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1200 W. Freeway Suite, Apt. #, etc. Suite 200		3. Mailing Address P.O. Box 910 Suite, Apt. #, etc.	
City & State Fort Worth, TX		City & State Fort Worth, TX	
Zip 76102	Country Tarrant	Zip 76101-0910	Country Tarrant

4. FEI Number 20-0417704	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable)	
	1201 Hays St.	
	City Tallahassee	FL Zip Code 32301

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 re-registering) _____ **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Scott Finks 1200 W. Freeway, Suite 200 Fort Worth, TX 76102	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President, William D. Merritt 1200 W. Freeway, Suite 200 Fort Worth, TX 76102	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SCOTT FINKS** **4/18/08** **817-335-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)