

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90153 034 ***150.00

DOCUMENT # F92000000016

1. Entity Name
FIRST SOUTHWEST COMPANY

Principal Place of Business
1700 PACIFIC AVENUE, SUITE 500
DALLAS TX 75201

Mailing Address
ATTN: ROBIN G. BOLANDER
1700 PACIFIC AVE., STE 500
DALLAS TX 75201
US

2. Principal Place of Business

3. Mailing Address
1700 Pacific Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 500

City & State

City & State
Dallas, TX

4. FEI Number **75-0708002**

Applied For
 Not Applicable

Zip Country Zip Country
75201 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUEZ, EDWARD
ONE BISCAYNE TOWER, STE 1890
2 BISCAYNE BLVD
MIAMI FL 33131-1808

Name
Marquez, Edward
 Street Address (P.O. Box Number is Not Acceptable)
15280 N.W. 79th Court
Suite 107
 City **Miami Lakes** **FL** Zip Code **33016**

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM FEINBERG, HILLEL A 1700 PACIFIC AVENUE, SUITE 500 DALLAS TX 75201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIMM, WILLIAM C 1700 PACIFIC AVE STE 500 DALLAS TX 75201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPBELL, DON 1700 PACIFIC AVE, STE 500 DALLAS TX 75201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARZ, MICHAEL 1700 PACIFIC AVE 500 DALLAS TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLOSBERG, PAUL E 1700 PACIFIC AVE, SUITE 500 DALLAS TX 75201	<input type="checkbox"/> Delete
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	T Muschalek, John R. 1700 Pacific Avenue, Suite 500 Dallas, TX 75201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:  **John R. Muschalek** **4/12/02** **214-953-4000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)