

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90359 018 ****65.00

DOCUMENT # F980000003992 ✓
1. Entity Name
American Association for Financial
Institution Services

DO NOT WRITE IN THIS SPACE

752129

2. Principal Place of Business 801 Cherry St Suite, Apt. #, etc. Suite 3000 City & State Fort Worth Zip 76102 Country USA	3. Mailing Address 801 Cherry Street Suite, Apt. #, etc. Suite 3000 City & State Fort Worth Zip 76102 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2337610	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name C.T. Corporation System
Street Address (R.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.
City Plantation FL Zip Code 33324

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 _____

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP D Jerry D. Beck 1410 White Chapel Rd. Southlake TX 76092	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Arthur Hegen 9611 Southwest 72nd Ct. Miami FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP T Enquire Castelo 9756 N.W. 29th Street Miami FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Mark Cooper 101 Arlena Dr. Bellington TX 76017	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP P Thomas E. McCraw 2508 Ryan Place Dr. Fort Worth TX 76110	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered:

SIGNATURE: _____

CR2E037B (12/01)