

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90122 038 \*\*\*158.75

DOCUMENT # F99000001382 ✓

1. Entity Name

COAST FINANCIAL SERVICES, INC.

Principal Place of Business

2711 LBJ Freeway, Suite 200  
Dallas, TX 75234

Mailing Address

2711 LBJ Freeway, Suite 200  
Dallas, TX 75234

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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)

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 CFO & President ☐ Delete  
 NAME William J. Shaw  
 STREET ADDRESS 2711 LBJ Freeway, Suite 200  
 CITY-ST-ZIP Dallas, TX 75234

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Vice President & Secretary ☐ Delete  
 NAME Walter B. Jaccard  
 STREET ADDRESS 2711 LBJ Freeway, Suite 200  
 CITY-ST-ZIP Dallas, TX 75234

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Vice President & Treasurer ☐ Delete  
 NAME David A. McCrum  
 STREET ADDRESS 2711 LBJ Freeway, Suite 200  
 CITY-ST-ZIP Dallas, TX 75234

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Vice President ☐ Delete  
 NAME Philip H. Torjusen  
 STREET ADDRESS 2325 Highway 90  
 CITY-ST-ZIP Gautier, MS 39553

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Assistant Secretary ☐ Delete  
 NAME Sonya Schneider  
 STREET ADDRESS 2711 LBJ Freeway, Suite 200  
 CITY-ST-ZIP Dallas, TX 75234

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 like empowered.

SIGNATURE: *WBJ*

Walter B. Jaccard, VP 3-6-01 (972) 243-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CORP-111700