

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State
08-28-2003 90065 043 ***550.00

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1. Entity Name
UICI MARKETING, INC.



Principal Place of Business
**850 CANNON DRIVE
HURST TX 76054**

Mailing Address
**850 CANNON DRIVE
HURST TX 76054**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **75-2791122**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

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. I am familiar with, and accept the obligations of registered agent.

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

**Michael E. Jones
Assistant Secretary**

8/20/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MCCARTY, C. J**
STREET ADDRESS **850 CANNON DRIVE**
CITY-ST-ZIP **HURST TX 76054**

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BUCHANAN, DONALD**
STREET ADDRESS **850 CANNON DRIVE**
CITY-ST-ZIP **HURST TX 76054**

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

TITLE **ST** ☐ Delete
NAME **EZELL, WILLIAM G**
STREET ADDRESS **850 CANNON DRIVE**
CITY-ST-ZIP **HURST TX 76054**

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

TITLE **D** ☐ Delete
NAME **MCQUAGGE, TROY**
STREET ADDRESS **850 CANNON DRIVE**
CITY-ST-ZIP **HURST TX 76054**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 Grapevine Hwy., Ste. 300**
CITY-ST-ZIP **Hurst, TX 76054**

TITLE **D** ☐ Delete
NAME **KEELER, DAVID**
STREET ADDRESS **2350 AIRPORT FRWY. SUITE 440**
CITY-ST-ZIP **BEDFORD TX 76022**

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

TITLE **C** ☒ Delete
NAME **GEDWED, WILLIAM J**
STREET ADDRESS **4001 MCEWEN DRIVE, SUITE 200**
CITY-ST-ZIP **DALLAS TX 75244**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donald Buchanan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/03 **817-255-3900**
Date Daytime Phone #

CR2E034 (4/03)