## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all oth

SIGNATURE AND T

SIGNATURE:

## Feb 13, 2002 8:00 am Secretary of State F9900003061 DOCUMENT # 1. Entity Name 02-13-2002 90103 041 \*\*\*150.00 FC CAPITAL CORP. Principal Place of Business Mailing Address 400 COLUMBUS AVE. 6400 IMPERIAL DRIVE VALHALLA NY 10595 PO BOX 8216 WACO TX 76714-8216 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 74-2846797 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE SARTAIN, JAMES T NAME 6400 IMPERIAL DR PO BOX 8216 STREET ADDRESS STREET ADDRESS CATY-ST-ZIP WACO TX 76714-8216 CITY-ST-ZIP E۷ Delete ☐ Change Addition NAME PARRISH, JOHN NAME STREET ADDRESS 6400 IMPERIAL DRIVE PO BOX 8216 STREET ADDRESS CITY-ST-ZIP WACO TX 76714-8216 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME RAY, MARGIE NAME STREET ADDRESS 6400 IMPERIAL DRIVE PO BOX 8216 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WACO TX 76714-8216 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME HAWKINS, JAMES R NAME 6400 IMPERIAL DRIVE PO BOX 8216 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WACO TX 76714-8216 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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