

7/25/02

FILED
Aug 25, 2002 8:00 am
Secretary of State

07-25-2002 90128 048 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001749

1. Entity Name
FSF INSURANCE AGENCY LLC

Principal Place of Business
**301 GIBRALTAR DR.
MORRIS PLAINS NJ 07960**

Mailing Address
**301 GIBRALTAR DR.
MORRIS PLAINS NJ 07960**

2. Principal Place of Business
85 Challenger Road
State, Apt. #, etc. **5th floor**
City & State **Ridgefield Park NJ**
Zip **07060** Country **US**

3. Mailing Address
same
State, Apt. #, etc. **same**
City & State **same**
Zip **same** Country **same**



DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3816569 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**C.T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ State **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	manager Melton Investor Services Group LLC 85 Challenger Rd. Ridgefield Park NJ 07060	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CRS2002 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
JOANNE S. HUBER, STATE TAX MANAGER

7/17/02 (412) 234-1334
Date Daytime Phone #