

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**

3. Mailing Address  
**same**

City & State  
**Ridgefield Park NJ**

City & State  
**same**

Zip  
**07060**

Zip  
**same**

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

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

**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	<b>manager</b> <b>Melton Investor Services Group LLC</b> <b>85 Challenger Rd.</b> <b>Ridgefield Park NJ 07060</b>	<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	
<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**  
**7/17/02** (412) 234-1334  
**JOANNE S. HUBER, STATE TAX MANAGER**