

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90229 038 \*\*\*\*50.00

**DOCUMENT # M01000001749**



1. Entity Name  
**FSF INSURANCE AGENCY LLC**

Principal Place of Business Mailing Address  
**85 CHALLENGER RD 85 CHALLENGER RD**  
**5TH FLOOR 5TH FLOOR**  
**RIDGEFIELD PARK NJ 07660 RIDGEFIELD PARK NJ 07660**

2. Principal Place of Business 3. Mailing Address  
**One Mellon Center**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Room 772**  
City & State City & State  
**Pittsburgh, PA**  
Zip Country Zip Country  
**15208-0001 US**



CHECK HERE IF MAKING CHANGES

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**

**7. Name and Address of New Registered Agent**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MELTON INVESTOR SERVICES GROUP, LLC 85 CHALLENGER RD RIDGEFIELD PARK NJ 07660</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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:** *Joanne S. Huber, AT* **SIGNATURE REQUIRED** **Joanne S. Huber, AT** 1/13/03 412-234-1334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)