

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90578 035 ****50.00

DOCUMENT # M98000001332

1. Entity Name

H. D. VEST INSURANCE AGENCY, L.C.

Principal Place of Business

**6333 NORTH STATE HIGHWAY 161, FOURTH FLOOR
 IRVING TX 75038**

Mailing Address

**6333 NORTH STATE HIGHWAY 161, FOURTH FLOOR
 IRVING TX 75038**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2787410

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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.

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 \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	VEST, HERB D	6333 NORTH STATE HIGHWAY 161, FOURTH FLOOR	IRVING TX 75038	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	ROGER C. OCHS	6333 N. STATE HWY 161, STE 400	IRVING, TX 75038	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	JEFF KLEIN	6333 N. STATE HWY 161, STE 400	IRVING, TX 75038	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSISTANT SECRETARY	R. BREST NORWOOD	6333 N. STATE HWY 161, STE 400	IRVING, TX 75038	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	JOEL BENNETT	6333 N. STATE HWY 161, STE 400	IRVING, TX 75038	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SENIOR VICE PRESIDENT	TIMOTHY J. KING	WELLS FARGO INS, INC. ST LP-600 600 HWY 1695, ST. LOUIS, MN 55426		<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	SHARON K. HUNDLEY	WELLS FARGO INS, INC. ST LP-600 600 HWY 1695, ST. LOUIS, MN 55426		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *R. Brest-Norwood* **R. BREST-NORWOOD, ASSISTANT SECRETARY (972) 870-1600**

CFR2E083 (9/01)