

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**

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

TITLE **MGR** ☒ Delete
 NAME **VEST, HERB D**
 STREET ADDRESS **6333 NORTH STATE HIGHWAY 161, FOURTH FLOOR**
 CITY-ST-ZIP **IRVING TX 75038**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **ROGER C. OCHS**
 STREET ADDRESS **6333 N. STATE HWY 161, STE 400**
 CITY-ST-ZIP **IRVING, TX 75038**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **JEFF KLEIN**
 STREET ADDRESS **6333 N. STATE HWY 161, STE 400**
 CITY-ST-ZIP **IRVING, TX 75038**

TITLE **ASSISTANT SECRETARY** ☐ Change ☒ Addition
 NAME **R. BRETT NORWOOD**
 STREET ADDRESS **6333 N. STATE HWY 161, STE 400**
 CITY-ST-ZIP **IRVING, TX 75038**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **JOEL BENNETT**
 STREET ADDRESS **6333 N. STATE HWY 161, STE 400**
 CITY-ST-ZIP **IRVING, TX 75038**

TITLE **SENIOR VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **TIMOTHY J. KING**
 STREET ADDRESS **WELLS FARGO INS, INC. ST LP-600**
 CITY-ST-ZIP **600 HWY 1695, ST. LOUIS, MN 55426**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **SHARON K. HUNDLEY**
 STREET ADDRESS **WELLS FARGO INS, INC. ST LP-600**
 CITY-ST-ZIP **600 HWY 1695, ST. LOUIS, MN 55426**

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. BRETT NORWOOD

ASSISTANT SECRETARY (972) 870-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)