

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90175 019 \*\*\*150.00

DOCUMENT # **F99000003061**

1. Entity Name

**FC Capital Corp.**

Principal Place of Business

**400 Columbus Ave  
 Valhalla, NY  
 10595**

Mailing Address

**400 Columbus Ave  
 Valhalla, NY 10595-1335**

**C0057401**

2. Principal Place of Business

3. Mailing Address

**6400 Imperial Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 8216**

DO NOT WRITE IN THIS SPACE

City & State

**Waco, TX**

4. FEI Number

**74-2846797**

Applied For

Not Applicable

Zip

Country

**76714-8216**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY-1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO**  Delete  
 NAME **Aronoff, James F**  
 STREET ADDRESS **400 Columbus Ave**  
 CITY-ST-ZIP **Valhalla, NY 10595**

TITLE **President / Director**  Change  Addition  
 NAME **James T. Sartain**  
 STREET ADDRESS **6400 Imperial Dr. - P.O. Box 8216**  
 CITY-ST-ZIP **Waco, TX 76714-8216**

TITLE **PTSD**  Delete  
 NAME **Morrissey, Christopher J**  
 STREET ADDRESS **400 Columbus Ave.**  
 CITY-ST-ZIP **Valhalla, NY 10595**

TITLE **Exec VP**  Change  Addition  
 NAME **John Parrish**  
 STREET ADDRESS **6400 Imperial Drive - P.O. Box 8216**  
 CITY-ST-ZIP **Waco, TX 76714-8216**

TITLE **D**  Delete  
 NAME **Sartain, James T.**  
 STREET ADDRESS **6400 Imperial Drive**  
 CITY-ST-ZIP **Waco, TX 76712**

TITLE **Secretary**  Change  Addition  
 NAME **Margie Ray**  
 STREET ADDRESS **6400 Imperial Drive - P.O. Box 8216**  
 CITY-ST-ZIP **Waco, TX 76714-8216**

TITLE **D**  Delete  
 NAME **Hawkins, James R.**  
 STREET ADDRESS **6400 Imperial Drive**  
 CITY-ST-ZIP **Waco, TX 76712**

TITLE **D**  Change  Addition  
 NAME **James R. Hawkins**  
 STREET ADDRESS **6400 Imperial Drive - P.O. Box 8216**  
 CITY-ST-ZIP **Waco, TX 76714-8216**

TITLE **D**  Delete  
 NAME **Vander Woude, Richard S.**  
 STREET ADDRESS **6400 Imperial Drive**  
 CITY-ST-ZIP **Waco, TX 76712**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **James T. Sartain** 4/11/01 (254) 751-1750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)