


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003061
1. Entity Name
FC CAPITAL CORP.



Principal Place of Business
400 COLUMBUS AVE.
VALHALLA, NY 10595

Mailing Address
6400 IMPERIAL DRIVE
PO BOX 8216
WACO, TX 76714-8216 US



DO NOT WRITE IN THIS SPACE

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
74-2846797

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SARTAIN, JAMES T 6400 IMPERIAL DR PO BOX 8216 WACO, TX 767148216 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RAY, MARGIE 6400 IMPERIAL DRIVE PO BOX 8216 WACO, TX 767148216 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAWKINS, JAMES R 6400 IMPERIAL DRIVE PO BOX 8216 WACO, TX 767148216 |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/28/04 (254) 751-1750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____