

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004528

FILED
Mar 18, 2009
Secretary of State

Entity Name: CLAIMHUB, INC.

Current Principal Place of Business:

10881 LOWELL, SUITE 190
OVERLAND PARK, KS 66210

New Principal Place of Business:

10881 LOWELL
SUITE 190
OVERLAND PARK, KS 66210

Current Mailing Address:

3387 SPRING GLEN CIRCLE
PRIOR LAKE, MN 55372

New Mailing Address:

FEI Number: 42-1508383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, SABRINA H
215 N CLARA AVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BULDOC, J.P.
Address: 10881 LOWELL, SUITE 190
City-St-Zip: OVERLAND PARK, KS 66210

Title: VC () Delete
Name: ANDERSON, JAN
Address: 8820 COLUMBIA 100 PKWY, SUITE 400
City-St-Zip: COLUMBIA, MD

Title: D () Delete
Name: BULDOC, JAMES R
Address: 8820 COLUMBIA 100 PKWY, SUITE 400
City-St-Zip: COLUMBIA, MD

Title: DVP () Delete
Name: PATTERSON, SABRINA H
Address: 215 N CLARA AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABRINA H. PATTERSON

DVP

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date