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FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90128 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F93000004886

1. Entity Name

ARKANSAS CLAIMS MANAGEMENT, INC.



							E TELES						
Principal Place of Business 702 SW 8TH STREET #0555 BENTONVILLE AR 72716-0555 US				Mailing Address 702 SW 8TH STREET #0555 BENTONVILLE AR 72716-0555 US									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 71-0738006 Applied For Not Applicable					
Zip Country			Zip Coi			itry			Certificate of Status Desired		8.75 Add		
	6. Name	and Address of Current F	legistered Agent				7. Name and Address of New Registered Agent						
						Name							
CORPORATION SERVICE COMPANY							Street Address (FO Bay Number in Not Assessed 1)						
1201 HAYS STREET				Sir			et Address (P.O. Box Number is Not Acceptable)						
TALLAHAS	SSEE FL 32	301		ľ									
WED II I INVESTIGATION OF THE STATE OF THE S													
•						City				FL	Zip Cod	е	
	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 .	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOTE:	Registered	d Agent signal	ure required	when re	einstating)	DATE			
				г					, 				
		! FEE IS \$150.00	•						9. Election Campaign Finance	ing	\$5.0	O May Be	
	3 Fee will be \$550.00 Florida Department of	Stata						Trust Fund Contribution.			to Fees		
	rayable to	·—-		<u> </u>									
10.		OFFICERS AND [DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTORS	3 IN 11	
TITLE	DEVODE MADDIC E				TITLE	See Humores mail				☐ Change	☐ Addition		
NAME	DEVORE, MARDIS E 702 SW 8TH STREET			NAM			}						
	DENTON HILE AD TOTAL			S									
CITY-ST-ZIP		LLL AR 727 10				- ST-ZIP							
TITLE	ST SAISTER SAIST			№ Delete							☐ Change	Addition	
NAME	LEHENBAUER, DAVE			N									
STREET ADDRESS	702 SW 8TH STREET			STR			Į					}	
CITY-ST-ZIP	BENTONVILLE AR 72716			CIT									
TITLE	VC00			Delete TITLE			PCEO	PCEO FILLA, DANIEL J			K Change	☐ Addition	
NAME STREET ADDRESS	FILA, DAN	U OTDEET			NAM		FILLE	, -, , ,				1	
CITY-ST-ZIP		LLE AR 72716				ET ADDRESS - ST-ZIP]	
CITT-51-ZIP					- CHY	-51-ZIF	<u> </u>						
TITLE	VCFO	CL LT ADCTU		Delete	TITLE		AC00				⊠ -Change	☐ Addition	
NAME .	ZOO CW OT	, EUZABETH			NAME							}	
	702 SW 8TH STREET BENTONVILLE AR 72716				STREET ADDRESS CITY-ST-ZIP						Ì		
CITY-ST-ZIP	DENTON	LLE AN 121 10			CHY-	-51-ZIP	<u> </u>						
TITLE				Delete	TITLE	•	ł				Change	☐ Addition	
NAME STREET ADDRESS					NAME								
STREET ADDRESS					1	ET ADDRESS						{	
CITY-ST-ZIP			 -		CITY-	ST-ZIP	 _						
TITLE				☐ Delete	TITLE						Change	☐ Addition	
NAME					NAME		l					}	
STREET ADDRESS						T ADDRESS							
CITY-ST-ZIP	<u> </u>					ST-ZIP	L						
12. I hereby of indicated	ertify that the	information supplied with to supplemental report is:	this filing true and	does not qualify for t	he exer	nption sta	ted in Sec	tion 1	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath	ther certif	y that the in	or director	

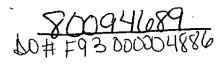
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(479) 277-2765

Daytime Phone #





Claims Management, Inc. Officer List

Daniel J. Filla Sole Director, President & CEO

Elizabeth Espinoza Vice President & COO

Paula L. Hutchinson Vice President, CFO & Secretary

Max Koonce
Vice President - Workers Compensation &
General Liability Claims

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