

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sylvia B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

USA Workers' Injury Network, Inc.

F9400004673

2. Principal Office (City, State, Zip) 3. Mailing Address

21	916 Capital of Texas Hwy	26	7301 N. 16th Street
22	Austin TX	27	#205
23	78746	28	Phoenix AZ
24	USA	29	85020
25	USA	30	USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized	3a. Date of Last Report
9-2-94	1-31-95
4. FIC Number	Applied For / Not Applicable
75-2396953	
5. Get State of Status Devised	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 191.032 Florida Statutes	Yes / No
	No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 Pine Island Rd.
Plantation FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.04(1) and 607.05, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am hereby waiving the obligation of Sections 607.04(1) and 607.05, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
See Attached List of Officers & Directors.	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Added
	2. NAME
	3. STREET ADDRESS
	4. CITY, STATE, ZIP
	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Added
	6. NAME
	7. STREET ADDRESS
	8. CITY, STATE, ZIP
	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Added
	10. NAME
	11. STREET ADDRESS
	12. CITY, STATE, ZIP
	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Added
	14. NAME
	15. STREET ADDRESS
	16. CITY, STATE, ZIP

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-02/23/96--01093--009
***200.00

14. I, the undersigned, that I am not a natural person supplied with the necessary authority furnished and does not qualify for the exemption stated in Section 119.04, Florida Statutes. I further certify that the information furnished on this document is true and accurate and that my signature shall have the same legal effect as if made under oath. I understand the nature and consequences of the filing of this report as required by Chapter 607, Florida Statutes, and that my filing complies with the provisions of Florida Statutes relating to the filing of such reports.

SIGNATURE: *Wendy Sara* Wendy Sara, Secretary 1/4/96 602/371-3366

CR2E034 (3/95)

USA WORKERS' INJURY NETWORK, INC.
LIST OF
DIRECTORS & OFFICERS

DIRECTORS:

George E. Bogle
916 Capital of Texas Highway, Austin, TX 78746

Robert Thurner
916 Capital of Texas Highway, Austin, TX 78746

OFFICERS:

Lin Wilkerson - President
916 Capital of Texas Highway, Austin, TX 78746

Laura Dickson - Vice President
7301 N. 16th Street, Suite 201, Phoenix, AZ 85020

Joseph Dulin - Vice President/Finance & Treasurer
7301 N. 16th Street, Suite 201, Phoenix, AZ 85020

Donna Ward - Vice President Administration
916 Capital of Texas Highway, Austin, TX 78746

Wendy Sara - Secretary
7301 N. 16th Street, Suite 201, Phoenix, AZ 85020