

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90009 034 ***550.00

DOCUMENT # F98000006618

1. Corporation Name

ARROWHEAD CLAIMS MANAGEMENT, INC.

Principal Place of Business

6055 LUSK BOULEVARD
SAN DIEGO CA 92121

Mailing Address

6055 LUSK BOULEVARD
SAN DIEGO CA 92121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1998

4. FEI Number

33-0828851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 402 W. Broadway

Suite, Apt. #, etc.

22 # 1600

City & State

23 San Diego, CA

Zip

24 92101

Country

25 USA

2a. Mailing Address

26 402 W. Broadway

Suite, Apt. #, etc.

27 Suite 1600

City & State

28 San Diego, CA

Zip

29 92101

Country

30 USA

9. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE SUITE 200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCDONALD, KEVIN

STREET ADDRESS 16987 BOULDER OAKS DR.

CITY-ST-ZIP RAMONA CA 92065

TITLE TSD ☐ DELETE

NAME HARMON, MARIANNE

STREET ADDRESS 15763 PUERTA DEL SOL

CITY-ST-ZIP RANCHO SANTA FE CA 92067

TITLE D ☐ DELETE

NAME KILKENNY, PATRICK J

STREET ADDRESS 500 W. HARBOR DR. #1301

CITY-ST-ZIP SAN DIEGO CA 92101

TITLE D ☐ DELETE

NAME HALE, KELLY I

STREET ADDRESS 1124 SW MYRTLE

CITY-ST-ZIP PORTLAND OR 97201

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marianne Harmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)