2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90059 030 ***150.00

DOCUMENT # F98000006618

1. Entity Name

ARROWHEAD CLAIMS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
402 W BROADWAY #1600 SAN DIEGO CA 92101 US	402 W BROADWAY #1600 SAN DIEGO CA 92101-8522 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~402 West Broadway~~ Suite, Apt. #, etc. Suite 1450	~~402 West Broadway~~ Suite, Apt. #, etc. Suite 1450
City & State San Diego, CA	City & State San Diego, CA
Zip 92101 Country	Zip 92101 Country

4. FEI Number 33-0828851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE SUITE 200 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCDONALD, KEVIN 16987 BOULDER OAKS DR. RAMONA CA 92065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCDONALD, KEVIN 402 W. Broadway,#1450 San Diego, CA 92101	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD HARMON, MARIANNE 15763 PUERTA DEL SOL RANCHO SANTA FE CA 92067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD Harmon, Marianne 402 W. Broadway, #740 San Diego, CA 92101	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILKENNY, PATRICK J 500 W. HARBOR DR. #1301 SAN DIEGO CA 92101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kilkenny, Patrick J. 402 W. Broadway, #1600 San Diego, CA 92101	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALE, KELLY I 1124 SW MYRTLE PORTLAND OR 97201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin McDonald KEVIN MCDONALD 1-14-00 (800) 669-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #