

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006618

1. Entity Name

ARROWHEAD CLAIMS MANAGEMENT, INC.

Principal Place of Business

402 WEST BROADWAY
SUITE 1450
SAN DIEGO CA 92101
US

Mailing Address

402 WEST BROADWAY
SUITE 1450
SAN DIEGO CA 92101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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, 2001 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
402 W BROADWAY 1450
RAMONA CA 92065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
HARMON, MARIANNE
402 W BROADWAY 740
SAN DIEGO CA 92101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004562745
-08/30/01--01002--002
****400.00 ****400.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KILKENNY, PATRICK J
402 W BROADWAY 1600
SAN DIEGO CA 92101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LS ☐ 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)(f), 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: Marianne Harmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/01

Date

619-744-0600

Daytime Phone #

06-12-2001 90003 046 ***150.00

FILED

01 AUG 15 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CH2E034 (10/00)