FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:56

DOCUMENT # P21443 (7)

1. Corporation Name
MUSTANG CLAIM SERVICE, INC.

Principal Place of Business	Mailing Address
2601 AIRPORT FREEWAY FORT WORTH TX 76111	2601 AIRPORT FREEWAY FORT WORTH TX 76111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1988
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 6801 CALMONT
Suite, Apt. #, etc. 22
City & State 23: FORT WORTH, TEXAS
Zip 24: 76116 Country 25: USA

2a. Mailing Address
26 6801 CALMONT
Suite, Apt. #, etc. 27
City & State 28: FORT WORTH, TEXAS
Zip 29: 76116 Country 30: USA

4. FEI Number: 75-2249759 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 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 of, or typed or printed name of, registered agent and the date of signature) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	V ☒ Change ☐ Addition
NAME	BAUMAN, DONALD J.	12 NAME	BAUMAN, DONALD J.
STREET ADDRESS	2601 AIRPORT FREEWAY	13 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	FT. WORTH TX	14 CITY-ST-ZIP	FORT WORTH, TX 76116
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	DEAREN, GARY S.	22 NAME	DEAREN, GARY S.
STREET ADDRESS	2601 AIRPORT FREEWAY	23 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	FT. WORTH TX	24 CITY-ST-ZIP	FORT WORTH, TX 76116
TITLE	VD	31 TITLE	VTD ☒ Change ☐ Addition
NAME	GEER, WILLIAM E.	32 NAME	GEER, WILLIAM E.
STREET ADDRESS	2601 AIRPORT FREEWAY	33 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	FT. WORTH TX	34 CITY-ST-ZIP	FORT WORTH, TX 76116
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	ROBINSON, ROBERT P.	42 NAME	ROBINSON, ROBERT P.
STREET ADDRESS	1612 SUMMIT AVE., #400	43 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	FT. WORTH TX	44 CITY-ST-ZIP	FORT WORTH, TX 76116
TITLE	AS	51 TITLE	AS ☒ Change ☐ Addition
NAME	BENTON, GAYLA	52 NAME	BENTON, GAYLA
STREET ADDRESS	2601 AIRPORT FREEWAY	53 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP	FT. WORTH TX	54 CITY-ST-ZIP	FORT WORTH, TX 76116
TITLE		61 TITLE	PD ☐ Change ☒ Addition
NAME		62 NAME	JOHNSON, ALVIN
STREET ADDRESS		63 STREET ADDRESS	6801 CALMONT
CITY-ST-ZIP		64 CITY-ST-ZIP	FORT WORTH, TX 76116

14. I/We hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(1), Florida Statutes. I/We further certify that the information indicated on this report or supplemental report is true and accurate and that my/our signature(s) 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 above, or on an attachment with an address.

SIGNATURE: Gary S. Dearen Gary S. Dearen 02-09-95 (817) 732-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT DATE Daytime Phone Number

0480060 FP