2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2011
Secretary of State

DOCUMENT# P21443

Entity Name: MUSTANG CLAIM SERVICE, INC.

Current Principal Place of Business:

6801 CALMONT
FORT WORTH, TX 76116 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 230
FORT WORTH, TX 76101

New Mailing Address:

FEI Number: 75-2249759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VSD
Name: STASEY, WILLIAM G
Address: 6801 CALMONT
City-St-Zip: FT WORTH, TX 761164108 US

Title: T
Name: BRADSHAW, GREGORY A
Address: 6801 CALMONT
City-St-Zip: FT. WORTH, TX 761164108 US

Title: VD
Name: POSTON, PAUL R
Address: 6801 CALMONT
City-St-Zip: FT. WORTH, TX 761164108 US

Title: VD
Name: DITTMAR, JAN E
Address: 6801 CALMONT
City-St-Zip: FORT WORTH, TX 761164108 US

Title: PD
Name: HUDSON, JAMES R
Address: 6801 CALMONT
City-St-Zip: FT WORTH, TX 761164108 US

Title: V
Name: BAUMAN, DONALD J
Address: 6801 CALMONT AVE.
City-St-Zip: FORT WORTH, TX 761164108 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J. ROBERT HUDSON PRES 02/02/2011

Electronic Signature of Signing Officer or Director Date