## **2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21443

Entity Name: WELLINGTON CLAIM SERVICE, INC.

**Current Principal Place of Business:** 

6801 CALMONT AVENUE FORT WORTH, TX 76116

**Current Mailing Address:** 

6801 CALMONT AVENUE FORT WORTH, TX 76116 US

FEI Number: 75-2249759 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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

FILED Apr 17, 2014

**Secretary of State** 

CC8216932044

Officer/Director Detail:

Title P/D Title SVP/T/D

NameMCPADDEN, M SNameDITTMAR, JAN MAddress6801 CALMONTAddress6801 CALMONT

City-State-Zip: FT WORTH TX 76116-4108 City-State-Zip: FT. WORTH TX 76116-4108

Title VP/D Title VP

Name BAUMAN, DONALD J Name FELKER, CARI P
Address 6801 CALMONT Address 6801 CALMONT

City-State-Zip: FT. WORTH TX 76116-4108 City-State-Zip: FORT WORTH TX 76116-4108

Title S

Name HYMAN, CAROLYN B Address 6801 CALMONT

City-State-Zip: FT WORTH TX 76116-4108

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: CAROLYN B. HYMAN

**SECRETARY** 

04/17/2014 Date