

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 836457 (2)

1. Corporation Name

CLAIMS SERVICE INTERNATIONAL, INC.



Principal Place of Business

2211 CONGRESS ST
9548
PORTLAND ME 04122
US

Mailing Address

2211 CONGRESS STREET
SUITE P612
PORTLAND ME 04122
US

2. Principal Place of Business

2a. Mailing Address

21 2211 Congress Street

26 2211 Congress Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 P612

City & State

City & State

23 Portland, ME

28 Portland, ME

Zip

Country

Zip

Country

24 04122

25

29 04122

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/01/1976

3a. Date of Last Report
02/23/1995

4. FEI Number

01-0284946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG.
100 CHOPIN PLAZA, MIAMI CENTER
MIAMI FL

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CRONIN, FREDERICK J
STREET ADDRESS 2211 CONGRESS CT.
CITY-ST-ZIP PORTLAND MA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME CLARKE, WENDOLYN
STREET ADDRESS 2211 CONGRESS ST
CITY-ST-ZIP PORTLAND, MAINE 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME TIERNEY, KEVIN
STREET ADDRESS 2211 CONGRESS ST
CITY-ST-ZIP PORTLAND, MAINE 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BRENNAN, W. FRANCIS
STREET ADDRESS 2211 CONGRESS STREET
CITY-ST-ZIP PORTLAND, MAINE 00000

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ORR, JAMES F., III
STREET ADDRESS 2211 CONGRESS ST.
CITY-ST-ZIP PORTLAND ME

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wendolyn C Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 1996 207-770-4319
Date Daytime Phone #

CR2E034 (12/95)