

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **836457** (2)

1. Corporation Name
CLAIMS SERVICE INTERNATIONAL, INC.



Principal Place of Business 2211 CONGRESS ST PORTLAND ME 04122 US	Mailing Address 2211 CONGRESS STREET P612 PORTLAND ME 04122-0002 US
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3. Date Incorporated or Qualified 08/01/1976	3a. Date of Last Report 03/19/1996
4. FEI Number 01-0284946	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2211 Congress Street Suite, Apt. #, etc. 22 City & State 23 Portland, ME Zip 24 04122	2a. Mailing Address 26 2211 Congress Street Suite, Apt. #, etc. 27 P612 City & State 28 Portland, ME Zip 29 04122	Country 30 USA
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9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BLDG. 100 CHOPIN PLAZA, MIAMI CENTER MIAMI FL	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
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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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONIN, FREDERICK J	1.2 NAME	
STREET ADDRESS	2211 CONGRESS CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND MA	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, WENDOLYN	2.2 NAME	
STREET ADDRESS	2211 CONGRESS ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND, MAINE 00000	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIERNEY, KEVIN	3.2 NAME	
STREET ADDRESS	2211 CONGRESS ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND, MAINE 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, JAMES F., III	4.2 NAME	
STREET ADDRESS	2211 CONGRESS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND ME	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 29, 1997

207-770-4319

CR2E034 (9/96)