2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 848411

FILED Oct 08, 2004 Secretary of State

Entity Name: VERICLAIM, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
233 S WAC STE 2420 CHICAGO,						
Current Mailing Address:			New Mailir	New Mailing Address:		
233 SOUTH WACKER DRIVE SUITE 2420 CHICAGO, IL 60606						
FEI Number:	36-3105904	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na				lame and Address of New 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						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	AS () PUJOL, MARY E 165 RUSSEK DE STATEN ISLD, N	₹	Title: Name: Address: City-St-Zip:	S (X) C PUJOL, MARY E 195 BROADWAY NEW YORK, NY		
Title: Name: Address:	P () DOTOLE, J.A. 1660 APPLEBY	Delete ROAD	Title: Name: Address:	DOTOLI, JOSEPH	Change () Addition HA EKER DRIVE,SUITE 2420	
City-St-Zip:	INVERNESS, IL		City-St-Zip:	CHICAGO, IL 606		
Title: Name: Address: City-St-Zip:	C () WINCHESTER, I 100 LIBERTY ST MADISON, CT		Title: Name: Address: City-St-Zip:	C (X) C WINCHESTER, IA 195 BROADWAY NEW YORK, NY	20TH FLOOR	
Title: Name: Address: City-St-Zip:	CFO () ARBOUR, MICH/ 1651 APPLEBY INVERNESS, IL		Title: Name: Address: City-St-Zip:	ARBOUR, MICHA	KER DRIVE,SUITE 2420	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	CARABOTT, PET	KER DRIVE,SUITE 2420	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IAN WINCHESTER C 10/08/2004