


2005 FOR PROFIT CORPORATION ANNUAL REPORT

*IP
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4/01*

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 848411
1. Entity Name
VERICLAIM, INC.



Principal Place of Business
233 S WACKER
STE 2420
CHICAGO, IL 60606

Mailing Address
233 SOUTH WACKER DRIVE
SUITE 2420
CHICAGO, IL 60606

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3105904

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

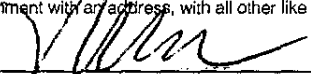
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUJOL, MARY E 195 BROADWAY 20TH FLOOR NEW YORK, NY 10007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOTOLI, JOSEPH A 233 SOUTH WACKER DRIVE, SUITE 2420 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WINCHESTER, IAN 195 BROADWAY 20TH FLOOR NEW YORK, NY 10007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ARBOUR, MICHAEL A 233 SOUTH WACKER DRIVE, SUITE 2420 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARABOTT, PETER 233 SOUTH WACKER DRIVE, SUITE 2420 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/05-80012-025 150.00

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/19/05 (312) 648-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #