


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

IP

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90080 028 \*\*\*150.00

<b>DOCUMENT # 848411</b>					
1. Entity Name <b>VERICLAIM, INC.</b>					
Principal Place of Business <b>1833 CENTRE POINT CIRCLE SUITE 139 NAPERVILLE, IL 60563</b>			Mailing Address <b>1833 CENTRE POINT CIRCLE SUITE 139 NAPERVILLE, IL 60563</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>36-3105904</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUJOL, MARY E		NAME		
STREET ADDRESS	195 BROADWAY 20TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10007		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOTOLI, JOSEPH A		NAME	<b>C, D</b>	
STREET ADDRESS	1833 CENTRE POINT CIRCLE, #139		STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 60563		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINCHESTER, IAN		NAME		
STREET ADDRESS	195 BROADWAY 20TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10007		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARBOUR, MICHAEL A		NAME	<b>P, D</b>	
STREET ADDRESS	1833 CENTRE POINT CIRCLE, #139		STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 60563		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARABOTT, PETER		NAME		
STREET ADDRESS	1833 CENTRE POINT CIRCLE, #139		STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 60563		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>VP, S</b>	
STREET ADDRESS			STREET ADDRESS	<b>1833 CENTRE POINT CIRCLE, #139</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>NAPERVILLE, IL 60563</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Marty Jankowski</i>			MARTY JANKOWSKI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>4/3/07</b> Daytime Phone: <b>630-245-7088</b>		

