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FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 850957 (2)
1. Corporation Name
HCM CLAIM MANAGEMENT CORPORATION



Principal Place of Business
225 BRAE BLVD
PARK RIDGE NJ 07656-0713

Mailing Address
225 BRAE BLVD
PARK RIDGE NJ 07656-1870

3. Date Incorporated or Qualified
11/09/1981

3a. Date of Last Report
05/01/1996

4. FEI Number
13-3089709

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

2. Principal Place of Business
21 Suite, Apt. # etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 P.O. Box 726
27 Suite, Apt. #, etc.
28 PARK RIDGE, NJ
29 07656-0726
30 BERGEN

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CD	SIDER, WILLIAM B.	225 BRAE BLVD	PARK RIDGE NJ	<input checked="" type="checkbox"/>
PD	REZAK, HOWARD	225 BRAE BLVD.	PARK RIDGE NJ	<input checked="" type="checkbox"/>
AS	SZOT, JOHN	225 BRAE BLVD	PARK RIDGE NJ	<input checked="" type="checkbox"/>
D	MASSAD JR., LEO	225 BRAE BLVD	PARK RIDGE NJ	<input checked="" type="checkbox"/>
S	MCEVILY, RICHARD P	225 BRAE BLVD	PARK RIDGE NJ	<input checked="" type="checkbox"/>
TD	RILLINGS, ROBERT H.	225 BRAE BLVD	PARK RIDGE NJ	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
CD	PAUL W GLOVER	15 GREEN RIDGE LANE	WEST HARTFORD CT 06107	<input type="checkbox"/>	<input type="checkbox"/>
PD	KENT M. SPAFARD	515 CABRILLO PARK DR., SUITE #312	SANTA ANA, CA 92761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CFO	ROBERT J TAVISZ	225 BRAE BOULEVARD	PARK RIDGE, NJ 07656	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	MARK P TANOURY	3000 SAND HILL ROAD BLDG 9 STE 230	MEMO PARK CA 94025	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT J TAVISZ CFO 3/21/97 (801) 387-2885

CR2E034 (9/96)