

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004208

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: CLAIMSCO INTERNATIONAL, INC.

**Current Principal Place of Business:**

304 SOUTH BARRINGTON RD.  
WAUCONDA, IL 60084

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2526  
PONTE VEDRA BEACH, FL 320042526

**New Mailing Address:**

FEI Number: 36-3605276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, WILLIAM K  
181 RETREAT PLACE  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: HARRIS, MICHAEL  
Address: 304 SOUTH BARRINGTON RD  
City-St-Zip: WAUCONDA, IL 60084

Title: V ( ) Delete  
Name: HOXIE, KENNETH  
Address: 304 SOUTH BARRINGTON RD  
City-St-Zip: WAUCONDA, IL 60084

Title: ST ( ) Delete  
Name: MILLER, MAXINE  
Address: 181 RETREAT PLACE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: C ( ) Delete  
Name: MILLER, WILLIAM K  
Address: 181 RETREAT PLACE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM K. MILLER

C

01/12/2004

Electronic Signature of Signing Officer or Director

Date