

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003090

FILED
Apr 14, 2004
Secretary of State

Entity Name: CLAIMSPRO MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

CVS LEGAL DEPARTMENT
ONE CVS DRIVE
WOONSOCKET, RI 02895

New Principal Place of Business:

Current Mailing Address:

CVS LEGAL DEPARTMENT
ONE CVS DRIVE
WOONSOCKET, RI 02895

New Mailing Address:

FEI Number: 52-2211389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: WEISHAR, GREGORY S
Address: 695 GEORGE WASH HWY
City-St-Zip: LINCOLN, RI 02865

Title: VCOO () Delete
Name: LASCHOBBER, GLEN
Address: 24370 NORTHWESTERN HIGHWAY, SUITE 200
City-St-Zip: SOUTHFIELD, MI 48075

Title: VT () Delete
Name: BUCKLEY, JOHN M
Address: 695 GEORGE WASH HWY
City-St-Zip: WOONSOCKET, RI 02895

Title: AS () Delete
Name: LUKER, MELANIE K
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

Title: D (X) Delete
Name: RYAN, THOMAS M
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

Title: AS () Delete
Name: MOFFATT, THOMAS S
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

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:

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: MELANIE K. LUKER

MGRM

04/14/2004

Electronic Signature of Signing Officer or Director

_____ Date