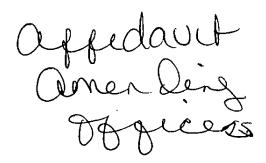
F050C0003050

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

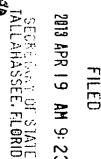
Office Use Only



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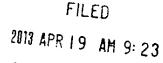
100R 4 bd 13

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: US Claims Services Inc.	
Name of Corporation DOCUMENT NUMBER: F0500003050	
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) submitted for filing.	and/or Director(s) and fee are
Please return all correspondence concerning this matter to the following:	
Shirley Wysinger	
Name of Contact Person	
US Claims Services Inc.	
3801 Pegasus Dr. Ste. 101	
Address	
Bakersfield, CA 93308	
City/State and Zip Code	
shirleyw@usclaimsservices.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shirley Wysinger at 661 616-465	59
Name of Contact Person Area Code & Daytime Telepl	none Number
Enclosed is a check made payable to the Florida Department of State for the	e following amount:
\$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment SectionStreet Address: Amendment SectionDivision of Corporations P.O. Box 6327Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

 The name of the foreign corporation US Claims Services Inc. 	on as it appears on the records of the Florida Department of State is:
2. This entity was authorized to trans number is F05000003050	sact business in Florida on 5/23/2005 and its Florida documen
3. This corporation was formed under	r the laws of California
4. The name and address of each offi	
<u>Title:</u> President	Name and Address Paul Hashim
	3801 Pegasus Dr. Ste. 101
	Bakersfield, CA 93308
	See Attached Sheet
	
, (Attac	ch additional pages if necessary)
20 D / V	President
ignature of an officer or director	Title of person signing
ped or printed name of person signing	FILING FEE \$35
ied of printed fiame of person signing	Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)

u.s. claims services

April 15, 2013

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please remove Aaron J. Hashim as Vice-President of U.S. Claims Services, Inc. Aaron Hashim was entered in error as Vice-President; he should have only been added as a manager of the corporation in 2009. We would appreciate this being done as soon as possible as it is stopping our agency license from being renewed and the website has been locked to our company. If you have any questions or need any further information, please contact me at 661-616-4659 or shirleyw@usclaimsservices.com.

Thank You,

Shirley Wysinger

Office Administrator

U.S. Claims Services, Inc.

Shuly Wysinger