

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004823

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: SYNDICATE CLAIM SERVICES INC.

## Current Principal Place of Business:

8977 TECHNOLOGY DR  
STE B  
FISHERS, IN 46038

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 6151  
FISHERS, IN 46038

## New Mailing Address:

FEI Number: 14-1963065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: MORGAN, JOSHUA  
Address: 8977 TECHNOLOGY DR  
City-St-Zip: FISHERS, IN 46038

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: JOSHUA MORGAN

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date