2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F06000004823

Entity Name: SYNDICATE CLAIM SERVICES INC.

Current Principal Place of Business:

8977 TECHNOLOGY DR
STE B
FISHERS, IN 46038

New Principal Place of Business:

8383 CRAIG ST
STE 325
INDIANAPOLIS, IN 46250

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: P (X) Change ( ) Addition
Name: MORGAN, JOSHUA
Address: 8383 CRAIG ST SUITE 325
City-St-Zip: INDIANAPOLIS, IN 46250

I hereby certify that the information supplied with this filing does not qualify 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: JOSH MORGAN PRES 04/13/2009

Electronic Signature of Signing Officer or Director Date