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(Requestor's Name)

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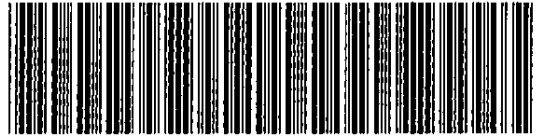
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/09/10--01014--018 **78.75

APPROVED
AND
FILED
10 APR 27 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH
10/10/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Claim Technologies Incorporated

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Daniel L. Montgomery

Name of Person

Claim Technologies Incorporated

Firm/Company

100 Court Avenue, Suite 306

Address

Des Moines, IA 50309

City/State and Zip code

dmontgomery@claimtechnologies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel L. Montgomery

Name of Person

at (515) 244-7322

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2010

DANIEL L. MONTGOMERY
100 COURT AVENUE, SUITE 306
DES MOINES, IA 50309

SUBJECT: CLAIM TECHNOLOGIES INCORPORATED
Ref. Number: W10000012190

We have received your document for CLAIM TECHNOLOGIES INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 610A00005989

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Claim Technologies Incorporated

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CTI Claim Audit Technologies Corp.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Iowa

(State or country under the law of which it is incorporated)

3. 42-1414040

(FEI number, if applicable)

4. 11/23/1993

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. No business yet transacted

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Court Ave. Suite 306 Des Moines IA 50305

(Principal office address)

same

(Current mailing address)

8. medical claims auditing

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By: _____

(Registered agent's signature)

James M. Halpin
Assistant Secretary

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 PM 1:32

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AND
FILED

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

APPROVED
AND
FILED

10 APR 27 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Donald A. Brandt

Address: 100 Court Avenue, Suite 306
Des Moines, IA 50309

Vice Chairman: Director Russell W. Calkins, III

Address: 159 E. Walton Place, Apt. 15F
Chicago, IL 60611

Director: Patricia C. Gagne

Address: 100 Court Avenue, Suite 306
Des Moines, IA 50309

Director: Dale R. Brandt

Address: 735 Williams Way
Vernon Hills, IL 60061

B. OFFICERS

President: Donald A. Brandt

Address: 100 Court Avenue, Suite 306
Des Moines, IA 50309

Vice President: Daniel L. Montgomery and Randall J. Brandt and Robert W. Rater

Address: Des Moines, IA 50309
Des Moines, IA 50309

Secretary: Patricia C. Gagne

Address: 100 Court Avenue, Suite 306, Des Moines, IA 50309

Treasurer: Russell W. Calkins, III

Address: 159 E. Walton Place, Apt. 15F, Chicago, IL 60611

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Daniel L. Montgomery*
(Signature of Director or Officer listed in number 12 of the application)

14. Daniel L. Montgomery
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE

FILED

10 APR 27 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: 3/4/2010

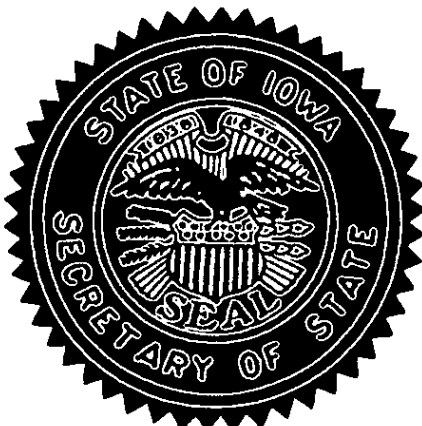
CERTIFICATE OF EXISTENCE

Name: CLAIM TECHNOLOGIES INCORPORATED (490 DP - 171185)

Date of Incorporation: 11/23/1993

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE

