2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2012
Secretary of State

DOCUMENT# F11000004678

Entity Name: CLAIM MANAGEMENT OF MISSOURI INC

Current Principal Place of Business:

13205 MANCHESTER RD
ST LOUIS, MO 63131

New Principal Place of Business:

Current Mailing Address:

P O BOX 220999
ST LOUIS, MO 63122

New Mailing Address:

FEI Number: 43-1402465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIRER, NANCY
2101 SUNSET POINT RD #1401
CLEARWATER, FL 33765 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

OFFICERS AND DIRECTORS:

Title: P
Name: NIXON, TERENCE M
Address: 847 ALEXANDRA AVE
City-St-Zip: ST LOUIS, MO 63122 US

Title: P
Name: GRUBBS, MICHAEL K
Address: 334 BRISTOL ROAD
City-St-Zip: ST LOUIS, MO 63119 US

Title: CFO
Name: PINI, JON K
Address: 7325 LINDELL BLVD
City-St-Zip: ST LOUIS, MO 63130 US

I hereby 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 all other like empowered.

SIGNATURE: TERENCE M NIXON P 02/29/2012

Electronic Signature of Signing Officer or Director Date