SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25 1996 8:00 am
Secretary of State

DOCUMENT # **F93000004835 (5)**

1. Corporation Name
CONSOLIDATED GROUP CLAIMS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 9191 FRAMINGHAM MA 01701-9191	P.O. BOX 9191 FRAMINGHAM MA 01701-9191

3. Date Incorporated or Qualified: 10/26/1993
3a. Date of Last Report: 07/11/1995

2. Principal Place of Business	2a. Mailing Address
21 15 Pleasant St. Connector	26 P. O. Box 1428
22 Suite, Apt. #, etc	27 Suite, Apt. # etc.
23 City & State: Framingham, MA	28 City & State: Framingham, MA
24 Zip: 01701 25 Country: USA	29 Zip: 01701-1428 30 Country: USA

4. FEI Number: 04-2777918 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title of applicant. (If #10: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	SCHULTZ, ARTHUR T	12 NAME	
STREET ADDRESS	P.O. BOX 9191/PLEASANT STREET CONNECTOR	13 STREET ADDRESS	15 Pleasant St. Connector, POBox 1428
CITY-ST-ZIP	FRAMINGHAM MA 01701-9191	14 CITY-ST-ZIP	Framingham, MA 01701-1428
TITLE	TD ☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	FITCH, DONALD R	22 NAME	
STREET ADDRESS	P.O. BOX 9191/PLEASANT STREET CONNECTOR	23 STREET ADDRESS	15 Pleasant St. Connector, POBox 1428
CITY-ST-ZIP	FRAMINGHAM MA 01701-9191	24 CITY-ST-ZIP	Framingham, MA 01701-1428
TITLE	☐ DELETE	31 TITLE	Clerk ☐ Change ☐ Addition
NAME		32 NAME	Carolyn D. Shea
STREET ADDRESS		33 STREET ADDRESS	15 Pleasant St. Connector, POBox1428
CITY-ST-ZIP		34 CITY-ST-ZIP	Framingham, MA 01701-1428
TITLE	☐ DELETE	41 TITLE	VD ☐ Change ☒ Addition
NAME		42 NAME	Charles W. Berry
STREET ADDRESS		43 STREET ADDRESS	15 Pleasant St. Connector, POBox 1428
CITY-ST-ZIP		44 CITY-ST-ZIP	Framingham, MA 01701-1428
TITLE	☐ DELETE	51 TITLE	V ☐ Change ☒ Addition
NAME		52 NAME	Susan C. O'Brien
STREET ADDRESS		53 STREET ADDRESS	15 Pleasant St. Connector, POBox 1428
CITY-ST-ZIP		54 CITY-ST-ZIP	Framingham, MA 01701-1428
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	400001875864
STREET ADDRESS		63 STREET ADDRESS	-06/26/96--01032--045
CITY-ST-ZIP		64 CITY-ST-ZIP	***225.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/13/96 508-620-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald R. Fitch, Treasurer and Director
CS 6/25/96