

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90057 027 ***150.00

DOCUMENT # F93000005612

1. Corporation Name

CLAIMS ADJUSTING AND PROCESSING SERVICE COMPANY

Principal Place of Business

3225 GALLOWES ROAD
FAIRFAX VA 22037

Mailing Address

3225 GALLOWES ROAD
STATE TAX DEPT.
FAIRFAX VA 22037
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1993

4. FEI Number

75-2510440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WILKINS, R H**
STREET ADDRESS **3225 GALLOWES ROAD**
CITY-ST-ZIP **FAIRFAX VA 22037**

TITLE **P** ☐ DELETE

NAME **BENO, R.J.**
STREET ADDRESS **1201 ELM STREET**
CITY-ST-ZIP **DALLAS TX 75270**

TITLE **S** ☐ DELETE

NAME **STEVENSON, P A**
STREET ADDRESS **3225 GALLOWES RD.**
CITY-ST-ZIP **FAIRFAX VA 22037**

TITLE **TC** ☐ DELETE

NAME **KANE, P.M.**
STREET ADDRESS **3225 GALLOWES RD.**
CITY-ST-ZIP **FAIRFAX VA 22037**

TITLE **VPD** ☐ DELETE

NAME **KIYFES, A**
STREET ADDRESS **3225 GALLOWES ROAD**
CITY-ST-ZIP **FAIRFAX VA 22037**

TITLE **AC** ☐ DELETE

NAME **LOPEZ, S.A.**
STREET ADDRESS **3225 GALLOWES ROAD**
CITY-ST-ZIP **FAIRFAX VA 22037**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. A. LOPEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT
CONTROLLER

Date

4/7/99

Daytime Phone #

703-846-1438

CR2E034 (11/98)