

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005612

1. Entity Name

CLAIMS ADJUSTING AND PROCESSING SERVICE COMPANY

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90048 037 ***150.00

Principal Place of Business
3225 GALLOWES ROAD
FAIRFAX VA 22037

Mailing Address
3225 GALLOWES ROAD
STATE TAX DEPT.
FAIRFAX VA 22037-0001
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
800 Bell Street
Suite, Apt. #, etc.
STATE TAX DEPT.

City & State
Houston, TX

Zip
77002

Country

4. FEI Number 75-2510440

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WILKINS, R H	3225 GALLOWES ROAD	FAIRFAX VA 22037	<input type="checkbox"/>
P	BENO, R.J.	1201 ELM STREET	DALLAS TX 75270	<input type="checkbox"/>
S	STEVENSON, P A	3225 GALLOWES RD.	FAIRFAX VA 22037	<input type="checkbox"/>
TC	KANE, P.M.	3225 GALLOWES RD.	FAIRFAX VA 22037	<input type="checkbox"/>
VPD	KIYFES, A	3225 GALLOWES ROAD	FAIRFAX VA 22037	<input type="checkbox"/>
AC	LOPEZ, S.A.	3225 GALLOWES ROAD	FAIRFAX VA 22037	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **S. A. Lopez, Assistant Controller** 0-10-00 (713) 656-1807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)