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FILED

May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000000475 (3)

1. Corporation Name  
CONTINENTAL CLAIMS, INC.

Principal Place of Business  
28800 CLEMENS ROAD  
WESTLAKE OH 44145

Mailing Address  
28800 CLEMENS ROAD  
WESTLAKE OH 44145-1134



3. Date Incorporated or Qualified  
01/31/1994

3a. Date of Last Report  
05/22/1996

4. FEI Number  
34-1701993

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT 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

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

(NOTE: Registered Agent signature required when re-nating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTD  
NAME FOGELBERG, JOHAN B.  
STREET ADDRESS 100 EAST CAMPUS VIEW BLVD., STE 240  
CITY- ST- ZIP COLUMBUS OH ☒ DELETE

TITLE PD  
NAME HUNTER, LANCE B.  
STREET ADDRESS 100 EAST CAMPUS VIEW BLVD., STE 240  
CITY- ST- ZIP COLUMBUS OH ☐ DELETE

TITLE SD  
NAME GUSTER, TIMOTHY S  
STREET ADDRESS 28800 CLEMENS ROAD  
CITY- ST- ZIP WESTLAKE OH ☐ DELETE

TITLE AT  
NAME STEPHANS, WILLIAM W  
STREET ADDRESS 28800 CLEMENS ROAD  
CITY- ST- ZIP WESTLAKE OH 44145 ☐ DELETE

TITLE AT  
NAME GRETTE, JOHN W  
STREET ADDRESS 28800 CLEMENS RD  
CITY- ST- ZIP WESTLAKE OH ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

*John W. Grette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. GRETTE

Date

4/29/97

Daytime Phone #

(216) 892-3000

CR2E034 (9/96)