


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

FILED

May 02 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 # F94000002997 (4)		
1. Corporation Name IAS CLAIM SERVICES, INC.		



Principal Place of Business 1485 RICHARDSON DRIVE SUITE 140 RICHARDSON TX 75080 US	Mailing Address 1485 RICHARDSON DRIVE SUITE 140 RICHARDSON TX 75080-4660 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report 09/06/1996
4. FEI Number 75-2540612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	C <input type="checkbox"/> DELETE	11 TITLE C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMSBAUGH, JEF	12 NAME AMSBAUGH, JEF
STREET ADDRESS	7808 MADEWOOD	13 STREET ADDRESS 8001 LBJ FRWY, SUITE 300
CITY-ST-ZIP	PLANO TX 75025	14 CITY-ST-ZIP DALLAS, TX 75251-1301
TITLE	P <input type="checkbox"/> DELETE	21 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, DAVID	22 NAME ELLIS, DAVID
STREET ADDRESS	7400 ANGEL FIRE	23 STREET ADDRESS 1485 RICHARDSON DR, SUITE 140
CITY-ST-ZIP	PLANO TX 75025	24 CITY-ST-ZIP RICHARDSON, TX 75080-4660
TITLE	S <input type="checkbox"/> DELETE	31 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUDILL, DOUG	32 NAME CAUDILL, DOUG
STREET ADDRESS	10062 BETTY JANE LANE	33 STREET ADDRESS 8001 LBJ FRWY, SUITE 300
CITY-ST-ZIP	DALLAS TX 75229	34 CITY-ST-ZIP DALLAS, TX 75251-1301
TITLE	V <input checked="" type="checkbox"/> DELETE	41 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTHAM, JAMES	42 NAME BOTTEM, JEFF
STREET ADDRESS	2909 REDFIELD DRIVE	43 STREET ADDRESS 1485 RICHARDSON DR, SUITE 140
CITY-ST-ZIP	PLANO TX 75025	44 CITY-ST-ZIP RICHARDSON, TX 75080-4660
TITLE	V <input type="checkbox"/> DELETE	51 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, DAVID	52 NAME TERRY, DAVID
STREET ADDRESS	2820 PRAIRE CREEK	53 STREET ADDRESS 1485 RICHARDSON DR, SUITE 140
CITY-ST-ZIP	PLANO TX 75075	54 CITY-ST-ZIP RICHARDSON, TX 75080-4660
TITLE	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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: Douglas W. Caudill **Douglas W. Caudill** 4/21/97 972-644-0434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)