

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1994	
21		26		4. FEI Number 75-2540612	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

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

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	V
NAME	AMSBAUGH, JEF	1.2 NAME	WOLDEMAR SCHLAGEL
STREET ADDRESS	8001 LBJ FRWY, SUITE 300	1.3 STREET ADDRESS	8001 LBJ FRWY, SUITE 300
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	DALLAS TX 75251
TITLE	P	2.1 TITLE	
NAME	ELLIS, DAVID	2.2 NAME	
STREET ADDRESS	1485 RICHARDSON DR, SUITE 140	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHARDSON TX	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	CAUDILL, DOUG	3.2 NAME	
STREET ADDRESS	8001 LBJ FRWY, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	BOTTEM, JEFF	4.2 NAME	
STREET ADDRESS	1485 RICHARDSON DR, SUITE 140	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHARDSON TX	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	TERRY, DAVID	5.2 NAME	
STREET ADDRESS	1485 RICHARDSON DR, SUITE 140	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHARDSON TX	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ 4/21/98 972-664-7034

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