FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90054 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002997

1. Entity Name
IAS CLAIM SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1485 RICHARDSON DRIVE Suite, Apt. #, etc.	1485 RICHARDSON DRIVE Suite, Apt. #, etc.
City & State: RICHAARDSON TX	City & State: RICHARDSON TX
Zip: 75080 Country: US	Zip: 75080 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 75-2540612 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	TERRY, DAVID
STREET ADDRESS	1485 RICHARDSON DRIVE
CITY-ST-ZIP	RICHARDSON, TX 75080
TITLE	V
NAME	BOTTEM, JEFF
STREET ADDRESS	1485 RICHARDSON DRIVE
CITY-ST-ZIP	RICHARDSON, TX 75080
TITLE	VT
NAME	WEITZMAN, KEITH
STREET ADDRESS	1485 RICHARDSON DRIVE
CITY-ST-ZIP	RICHARDSON, TX 75080
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Keith Weitzman KEITH WEITZMAN 4/24/2002 972 669 4040 x 180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #