

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F94000002997

1. Entity 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

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**



08202004 No Chg-P CR2E034 (10/03)

**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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

U000000171181  
08/30/04-80007-023 550.00

10. OFFICERS AND DIRECTORS

TITLE V  
NAME BOTTEM, JEFF  
STREET ADDRESS 1485 RICHARDSON RD, SUITE 140  
CITY-ST-ZIP RICHARDSON, TX

TITLE P  
NAME TERRY, DAVID  
STREET ADDRESS 1485 RICHARDSON DR, SUITE 140  
CITY-ST-ZIP RICHARDSON, TX

TITLE VT  
NAME WEITZMAN, KEITH  
STREET ADDRESS 1485 RICHARDSON DR STE 140  
CITY-ST-ZIP RICHARDSON, TX

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith Weitzman* Secretary *Keith Weitzman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Aug 2004

Date

Daytime Phone #