


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2005 08:00 AM
Secretary of State

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



05202005 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 <input type="checkbox"/> \$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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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IN THIS SPACE**

U00000368803
06/01/05-80001-005 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 May 2005
Date

972 354 0780
Daytime Phone #