

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90061 001 ***550.00

DOCUMENT # F94000002997	
1. Entity Name	
IAS CLAIM SERVICES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1485 RICHARDSON DR. STE 150 Suite, Apt. #, etc.		3. Mailing Address 1485 RICHARDSON DR. STE 150 Suite, Apt. #, etc.	
City & State RICHARDSON, TX		City & State RICHARDSON, TX	
Zip 75080-4660	Country USA	Zip 75080-4660	Country USA

4. FEI Number 75-2540612	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name CT CORPORATION	
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
City PLANTATION	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. 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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. DAVID TERRY 1485 RICHARDSON DR STE 150 RICHARDSON TX 75080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES. JEFF BOTTOM 1485 RICHARDSON DR STE 150 RICHARDSON TX 75080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY-TREAS. KEITH WEITZMAN 1485 RICHARDSON DR STE 150 RICHARDSON TX 75080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES. RICHARD MORRISON 1485 RICHARDSON DR STE 150 RICHARDSON TX 75080
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keith Weitzman Keith Weitzman Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 AUG 2006

Date

9723540780

Daytime Phone #