

F9500000/286
TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: CLAIM SERVICES, INC.

(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

NORMAN SVOBODA

(Name of Person)

CLAIM SERVICES, INC.

(Firm/Company)

P.O. BOX 916001

(Address)

LONGWOOD, FL 32779

(City, State and Zip Code)

SEP 17 11:39

mtn

Should you need to call someone concerning this matter, please call:

NORMAN SVOBODA

(Name of Person)

at (407) 869 - 8800

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. CLAIM SERVICES, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MICHIGAN
(State or country under the law of which it is incorporated)
3. 38-3012522
(FEI number, if applicable)
4. 10/9/91
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. PRIOR ACTIVITY DID NOT CONSTITUTE BUSINESS WITHIN STATUTE. 1995 NOW
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.) TRANSACTIONING BUSINESS
7. P.O. BOX 916001
LONGWOOD, FL 32791
(Current mailing address)
8. CONDUCT ANY AND ALL LAWFUL BUSINESS PURPOSES
(Purposes) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: NORMAN SVOBODA
Office Address: 246 N. WESTMONTE DR.
ALTAMONTE SPRINGS, Florida, 32714
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Norman Svo boda
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: NORMAN SVOBODA

Address: 100 WAX MYRTLE LN.

LONGWOOD, FL 32779

Vice President: _____

Address: _____

Secretary: CAROL SVOBODA

Address: 100 WAX MYRTLE LANE

LONGWOOD, FL 32779

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Norman Svo boda

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

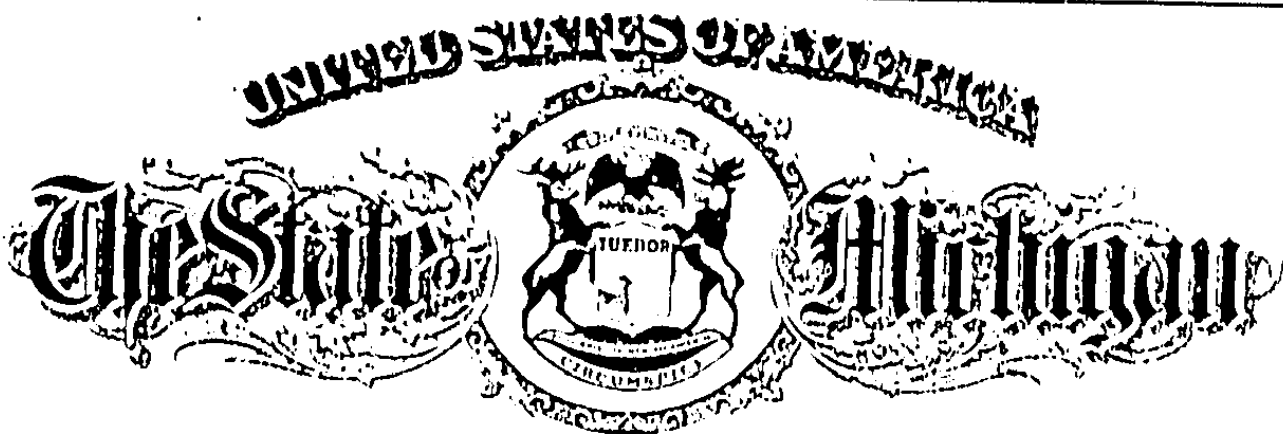
14.

NORMAN SVOBODA, PRESIDENT

(Typed or printed name and capacity of person signing application)

SEP 17 1979

6:00 PM '79



Michigan Department of Commerce

Lansing, Michigan

This is to Certify That

CLAIM SERVICES, INC.

*was validly incorporated on October 9, 1991, as a Michigan profit corporation,
and said corporation is validly in existence under the laws of this State.*

*This certificate is issued to attest to the fact that the corporation is in good standing
in this office as of this date and is duly authorized to transact business or conduct
affairs in Michigan and for no other purpose. It is in the usual form, made by me
as the proper officer, and is entitled to have full faith and credit given it in every
court and office within the United States.*

*In testimony whereof, I have hereunto set my
hand and affixed the Seal of the Department,
in the City of Lansing, this 8th day
of March, 1995.*

Carl L. Lysa , Director
Corporation & Securities Bureau