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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000002415 (5)**

1. Corporation Name
NEMAX CLAIM SERVICES, INC.

Principal Place of Business
100 LIGHT ST.
BALTO MD 21202

Mailing Address
100 LIGHT ST.
BALTO MD 21202-1036

3. Date Incorporated or Qualified: **05/14/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 6225 SMITH AVENUE
Suite, Apt #, etc
22
City & State
23 BALTIMORE MD
Zip 24 21209-3653 Country 25

2a. Mailing Address
26 6225 SMITH AVENUE
Suite, Apt #, etc
27 LA0302
City & State
28 BALTIMORE MD
Zip 29 21209-3653 Country 30

4. FEI Number: **52-1944765** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CIHIY, KENNETH E	1.2 NAME	
STREET ADDRESS	100 LIGHT ST.	1.3 STREET ADDRESS	6225 SMITH AVENUE
CITY-ST-ZIP	BALTO MD 21202	1.4 CITY-ST-ZIP	BALTIMORE MD 21209
TITLE	C ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LEWIS, THOMAS K JR.	2.2 NAME	
STREET ADDRESS	100 LIGHT ST.	2.3 STREET ADDRESS	6225 SMITH AVENUE
CITY-ST-ZIP	BALTO MD 21202	2.4 CITY-ST-ZIP	BALTIMORE MD 21209
TITLE	D ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	STERN, ANDREW A	3.2 NAME	
STREET ADDRESS	100 LIGHT ST.	3.3 STREET ADDRESS	6225 SMITH AVENUE
CITY-ST-ZIP	BALTO MD 21202	3.4 CITY-ST-ZIP	BALTIMORE MD 21209
TITLE	P ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	BURNHAM, ROBERT	4.2 NAME	
STREET ADDRESS	100 LIGHT ST.	4.3 STREET ADDRESS	6225 SMITH AVENUE
CITY-ST-ZIP	BALTO MD 21202	4.4 CITY-ST-ZIP	BALTIMORE MD 21209
TITLE	VS ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	HOFFEN, JOHN F JR.	5.2 NAME	
STREET ADDRESS	100 LIGHT ST.	5.3 STREET ADDRESS	6225 SMITH AVENUE
CITY-ST-ZIP	BALTO MD 21202	5.4 CITY-ST-ZIP	BALTIMORE MD 21209
TITLE	VT ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	SLODDEN, TOBY	6.2 NAME	
STREET ADDRESS	100 LIGHT ST.	6.3 STREET ADDRESS	6225 SMITH AVENUE
CITY-ST-ZIP	BALTO MD 21202	6.4 CITY-ST-ZIP	BALTIMORE MD 21209

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] LEONARD 1/13/97 (410)205-6576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #