

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000004337**

1. Corporation Name

ADJUSTNET, INC.

Principal Place of Business

**100 CUMMINGS CENTER
BEVERLY MA 01915**

Mailing Address

**100 CUMMINGS CENTER
BEVERLY MA 01915**

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90012 033 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1998

4. FEI Number

04-3424185

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite 207L

Suite, Apt. #, etc.

Suite 207L

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

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

TITLE **C** ☐ DELETE

NAME **MCCARTHY, BRIAN K**
STREET ADDRESS **100 CUMMINGS CENTER, SUITE 206G**
CITY-ST-ZIP **BEVERLY MA 01915**

TITLE **PSD** ☐ DELETE

NAME **NESTOR, PAUL R JR**
STREET ADDRESS **100 CUMMINGS CENTER, SUITE 206G**
CITY-ST-ZIP **BEVERLY MA 01915**

TITLE **TD** ☐ DELETE

NAME **ROBBIN, STUART A**
STREET ADDRESS **100 CUMMINGS CENTER, SUITE 206G**
CITY-ST-ZIP **BEVERLY MA 01915**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Paul R. Nestor

July 14, 1999 (478) 927-0633

CR2E034 (5/99)



Insurance Holdings of America, Inc.

Consumer Insurance Services of America, Inc. • Insurance Technology Services of America, Inc.

592 977-90012-33
F 980000 4337

VIA PRIORITY MAIL

July 14, 1999

Division of Corporations
Annual Reports Filing
PO Box 1500
Tallahassee, FL 32302-1500

Re: Adjustnet, Inc.

Dear Sir/Madam:

Enclosed please find Adjustnet, Inc.'s completed Profit Corporation Annual Report and a check in the amount of \$550.00. I trust the enclosed documents meet your requirements.

If you are in need of any further information, please contact me. I can be reached at (888) 772-2472, ext. 1280 or email me at spasseri@consumerinsurance.com.

Very Truly Yours,

A handwritten signature in dark ink, appearing to read 'Stephanie B. Passeri', is written over the printed name.

Stephanie B. Passeri
Compliance Paralegal