

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90094 023 ***550.00

DOCUMENT # F98000005992

1. Entity Name
CONTRACT CLAIMS SERVICES, INC.

Principal Place of Business **Mailing Address**
800 WEST AIRPORT FREEWAY, SUITE 800 **800 WEST AIRPORT FREEWAY, SUITE 800**
IRVING, TX 75062 **IRVING TX 75062**

BU133127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
6301 Campus Circle Dr E **6301 Campus Circle Dr E**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
Irving, TX **Irving, TX**
Zip **Country** **Zip** **Country**
75063 **U.S.A.** **75063** **U.S.A.**

4. FEI Number **75-2675983** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMANUS, LISA		NAME		
STREET ADDRESS	800 WEST AIRPORT FREEWAY, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75062		CITY-ST-ZIP		
TITLE	CEOC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENDENHALL-ROBERTS, SHERYL		NAME		
STREET ADDRESS	800 WEST AIRPORT FREEWAY, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75062		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKLIN, A.L.		NAME		
STREET ADDRESS	800 WEST AIRPORT FREEWAY, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75062		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)