

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005992

FILED
Apr 30, 2004
Secretary of State

Entity Name: CONTRACT CLAIMS SERVICES, INC.

Current Principal Place of Business:

6301 CAMPUS CIRCLE DR E
IRVING, TX 75063

New Principal Place of Business:

Current Mailing Address:

6301 CAMPUS CIRCLE DR E
IRVING, TX 75063

New Mailing Address:

FEI Number: 75-2675983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVC () Delete
Name: MCMANUS, LISA
Address: 800 WEST AIRPORT FREEWAY, SUITE 800
City-St-Zip: IRVING, TX 75062

Title: CEOC () Delete
Name: MENDENHALL-ROBERTS, SHERYL
Address: 800 WEST AIRPORT FREEWAY, SUITE 800
City-St-Zip: IRVING, TX 75062

Title: D () Delete
Name: FRANKLIN, A L
Address: 800 WEST AIRPORT FREEWAY, SUITE 800
City-St-Zip: IRVING, TX 75062

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVC (X) Change () Addition
Name: MCMANUS, LISA
Address: 6301 CAMPUS CIRCLE DRIVE EAST
City-St-Zip: IRVING, TX 75063

Title: CEOC (X) Change () Addition
Name: MENDENHALL-ROBERTS, SHERYL
Address: 6301 CAMPUS CIRCLE DRIVE EAST
City-St-Zip: IRVING, TX 75063

Title: TREA (X) Change () Addition
Name: PATTERSON, KARLISTA
Address: 6301 CAMPUS CIRCLE DRIVE EAST
City-St-Zip: IRVING, TX 75063

Title: CFO () Change (X) Addition
Name: PARKS, DERYCK B
Address: 6301 CAMPUS CIRCLE DRIVE EAST
City-St-Zip: IRVING, TX 75063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERYCK PARKS

CFO

04/30/2004

Electronic Signature of Signing Officer or Director

Date