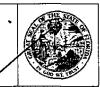
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 640638

1. Entity Name

U. S. CLAIMS SERVICE, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90120 042 ***150.00

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2. Principal Place of Business
1.5 OLD JENNINGS ROAD

Suite, Apt. #, etc.

3. Mailing Address
1.05 OLD JENNINGS ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number City & State City & State Applied For Not Applicable 59-2297038 ORANGE ORANGE Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32065 3.2065 7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SNIDER, CLARENCE L.

Street Address (P.O. Box Number is Not Acceptable)

CityORANGE PARK

(NOTE: Registered Agent signature required when reinstating)

FL | 32665

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE TITLE SNIDERN RUBERNSEIVE NAME NAME STREET ADDRESS STREET ADDRESS ORANGE PARK, FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE SNIDER, BETTY NAME NAME 632 SAN ROBAR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORANGE PARK, FL 32073 TITLE NAME SNIDER, ALBERT G. STREET ADDRESS STREET ADDRESS 10 RAMS GATE COURT DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP GREENSBORO, NC 27403 TITLE TITLE IN THIS SPACE V D NAME NAME SNIDER, AMY L. STREET ADDRESS STREET ADDRESS ORANGE FARKOGFL DRIVE 65 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.03

90427262

Daytime Phone #