2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# M06000001833

Entity Name: COMPLETE CLAIM SOLUTIONS LLC

Current Principal Place of Business:

3232 MCKINNEY AVENUE, SUITE 1000
DALLAS, TX 75204

New Principal Place of Business:

Current Mailing Address:

3232 MCKINNEY AVENUE, SUITE 1000
DALLAS, TX 75204

New Mailing Address:

FEI Number: 16-1754743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SOURCECORP LEGAL INC, .	
Address:	3232 MCKINNEY AVENUE, SUITE 1000	
City-St-Zip:	DALLAS, TX 75204	
Title:	MGRM	( ) Delete
Name:	BOWMAN, ED H JR	
Address:	3232 MCKINNEY AVE STE 1000	
City-St-Zip:	DALLAS, TX 75204	
Title:	MGRM	( ) Delete
Name:	GILBERT, CHARLES S	
Address:	3232 MCKINNEY AVE STE 1000	
City-St-Zip:	DALLAS, TX 75204	
Title:	MGRM	( ) Delete
Name:	DELGADO, DAVID L	
Address:	3232 MCKINNEY AVE STE 1000	
City-St-Zip:	DALLAS, TX 75204	
Title:	VP	( ) Delete
Name:	ANDERSON, KAREN L	
Address:	3232 MCKINNEY AVE STE 1000	
City-St-Zip:	DALLAS, TX 75204	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SVP	( ) Change (X) Addition
Name:	ADDAZIO, DAWN E	
Address:	3232 MCKINNEY AVE., STE 1000	
City-St-Zip:	DALLAS, TX 75204	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAREN L ANDERSON VP 04/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date