


FILED
Jan 11, 2008 8:00 am
Secretary of State

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DOCUMENT # M07000002867				01-11-2008 90080 013 ***138.75	
1. Entity Name CLAIMETRICS MANAGEMENT, LLC					
Principal Place of Business 7250 NW EXPRESSWAY, SUITE 100 OKLAHOMA CITY, OK 73132		Mailing Address 7250 NW EXPRESSWAY, SUITE 100 OKLAHOMA CITY, OK 73132			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O.Box 22475			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Oklahoma City, OK		4. FEI Number 20-4768855	
Zip		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGR SNIPES, A. MARSHALL 3417 PARTRIDGE ROAD OKLAHOMA CITY, OK 73120			MGR BLOOM, BARRY D 385 CHESTNUT STREET SAN CARLOS, CA 94070		
MGR RICHARDS, THOMAS N 5812 COUNTRY CLUB DRIVE EDMOND, OK 73003			MGR RICHARDS, THOMAS N 5812 COUNTRY CLUB DRIVE EDMOND, OK 73003		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
Debbie Self (General counsel/Secretary)					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					