

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002867

FILED
Jan 05, 2009
Secretary of State

Entity Name: CLAIMETRICS MANAGEMENT, LLC

Current Principal Place of Business:

7250 NW EXPRESSWAY, SUITE 100
OKLAHOMA CITY, OK 73132

New Principal Place of Business:

9701 N. BOARDWALK BLVD.
OKLAHOMA CITY, OK 73162

Current Mailing Address:

PO BOX 22475
OKLAHOMA CITY, OK 73123

New Mailing Address:

FEI Number: 20-4768855

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SNIPES, A. MARSHALL
Address: 3417 PARTRIDGE ROAD
City-St-Zip: OKLAHOMA CITY, OK 73120

Title: MGR () Delete
Name: RICHARDS, THOMAS N
Address: 5812 COUNTRY CLUB DRIVE
City-St-Zip: EDMOND, OK 73003

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: SEC () Change (X) Addition
Name: TOPPINS, LAUREN A
Address: 704 NW 194TH TERRACE
City-St-Zip: EDMOND, OK 73012

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: LAUREN A. TOPPINS

SEC

01/05/2009

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