2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000788

FILED Jul 16, 2008 Secretary of State

Entity Name: CLAIMS ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business: New Principal Place of Business: 305 S. GADSDEN ST. TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 305 S. GADSDEN ST TALLAHASSEE, FL 32301 FEI Number: 20-0990458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARDEN, CLAUDE M ESQ. 305 S. GÁDSDEN ST. TALLAHASSEE, FL 32301 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DOWDY, TERESA GRISSOM, SUSAN Name: Name: 2888 MAHAN DRIVE SUITE 7 Address: 305 S. GADSDEN ST. Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32301 Title: VD Title: VD (X) Change () Addition () Delete STEINKUHLER, GAIL AUTREY, LISA Name: Name: Address: 2888 MAHAN DRIVE SUITE 7 Address: 305 S. GADSDEN ST. City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: () Change () Addition LASLIE, LISEL Name: Name: 2888 MAHAN DRIVE SUITE 7 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: TD () Delete Title: () Change () Addition HARDEN, CLAUDE M III Name: Name: 305 S. GADSDEN ST. Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: (X) Change () Addition BRENNEMEN, ERIKA SGT.AA SHUFFLER, GAIL SGT.AA Name: Name: 2888 MAHAN DRIVE 305 S. GADSEN ST. Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32301

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE M. HARDEN III TD 07/16/2008