SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED
AND
FILED

97 JUL 31 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22394 (1)

1. Corporation Name
LINDSEY MORDEN CLAIM SERVICES, INC.

Principal Place of Business	Mailing Address
3910 BROOKSIDE DRIVE SUITE 200 TYLER TX 75701 US	P O BOX 6030 TYLER TX 75711-6030 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1989	3a. Date of Last Report: 04/23/1996
4. FEI Number: 74-0539650	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DONALD B.		1.2 NAME	700002258287--1
STREET ADDRESS	3910 BROOKSIDE DR.		1.3 STREET ADDRESS	-08/05/97--01080--019
CITY-ST-ZIP	TYLER TX		1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	STVD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GUIN, DON L.		2.2 NAME	
STREET ADDRESS	3910 BROOKSIDE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TYLER TX		2.4 CITY-ST-ZIP	
TITLE	SVP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROIBAS, FERD		3.2 NAME	
STREET ADDRESS	3910 BROOKSIDE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TYLER TX		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	POLLEY, KEN		4.2 NAME	
STREET ADDRESS	3910 BROOKSIDE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TYLER TX		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WATSA, PREM		5.2 NAME	
STREET ADDRESS	155 UNIVERSITY AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, CANADA		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (4/97)

14. I do 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 annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED