FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27014** **(0)**

1. Corporation Name

CLAIM SERVICES RESOURCE GROUP, INC.

Principal Place of Business	Mailing Address
13800 MONTFORD SUITE 180 DALLAS TX 75240	13800 MONTFORD SUITE 180 DALLAS TX 75240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1989**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **75-2011854** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, DIANNE	12 NAME	
STREET ADDRESS	13800 MONTFORD, STE 180	13 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, JAMES D.	22 NAME	
STREET ADDRESS	13800 MONTFORD, STE 180	23 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WHITE, JERRY	32 NAME	
STREET ADDRESS	13800 MONTFORT, #180	33 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KENDALL, WILLIAM H.	42 NAME	
STREET ADDRESS	13800 MONTFORD, STE 180	43 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	44 CITY ST ZIP	
TITLE	AST	51 TITLE	☐ Change ☐ Addition
NAME	MCCRACKEN, PATRICK E.	52 NAME	
STREET ADDRESS	13800 MONTFORD, STE 180	53 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patrick E. McCracken, V.P. 4/11/95 (214) 419-9120

SIGNATURE AND TYPE OR PRINT NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone Number

0477814 FP