

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P27014 (0)

1. Corporation Name

CLAIM SERVICES RESOURCE GROUP, NC.



Principal Place of Business

Mailing Address

13800 MONTFORD  
SUITE 180  
DALLAS TX 75240

13800 MONTFORD  
SUITE 180  
DALLAS TX 75240

2. Principal Place of Business

2a. Mailing Address

21 12377 MERIT DR

26 12377 MERIT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1800

27 #1800

City & State

City & State

23 DALLAS, TX

28 DALLAS, TX

Zip

Country

Zip

Country

24 75251

25 USA

29 75251

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PATTERSON, DIANNE  
STREET ADDRESS 13800 MONTFORD, STE 180  
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE VD  
NAME PATTERSON, JAMES D.  
STREET ADDRESS 13800 MONTFORD, STE 180  
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE S  
NAME WHITE, JERRY  
STREET ADDRESS 13800 MONTFORD, #180  
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE D  
NAME KENDALL, WILLIAM H.  
STREET ADDRESS 13800 MONTFORD, STE 180  
CITY-ST-ZIP DALLAS TX

☒ DELETE

TITLE AST  
NAME MCCracken, PATRICK E.  
STREET ADDRESS 13800 MONTFORD, STE 180  
CITY-ST-ZIP DALLAS TX

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

12377 MERIT DR, #1800  
75251

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

12377 MERIT DR, #1800  
75251

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

12377 MERIT DR, #1800  
75251

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

CHIEF FINANCIAL OFFICER  
MORRIS, ROBERT C.  
12377 MERIT DR, #1800  
DALLAS, TX 75251

☐ Change ☒ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 214-419-9120

Date

Daytime Phone #

CR2E034 (12/95)