

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27014

1. Entity Name

CLAIM SERVICES RESOURCE GROUP, NC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90030 038 ***150.00

Principal Place of Business

Mailing Address

12377 MERIT DR
SUITE 1800
DALLAS TX 75251
US

12377 MERIT DR
SUITE 1800
DALLAS TX 75251-2250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2011854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, DIANNE 12377 MERIT DR SUITE 1800 DALLAS TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MARY EILEEN WHITLEY 12377 MERIT DR SUITE 1800 DALLAS, TX 75251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATTERSON, JAMES D. 12377 MERIT DR SUITE 1800 DALLAS TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DELLOISE MEIER 12377 MERIT DR SUITE 1800 DALLAS, TX 75251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV PATTERSON, JAMES D 12377 MERIT DR STE 1800 DALLAS TX 75251	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRISTINA MAY 12377 MERIT DR SUITE 1800 DALLAS, TX 75251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV FARRAGUT, PHYLLIS 12377 MERIT DRIVE SUITE 1800 DALLAS TE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERRI MANLEY 12377 MERIT DR SUITE 1800 DALLAS TX 75251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FARRAGUT, PHYLLIS 12377 MERIT DR. - STE 1800 DALLAS TX 75251	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP ANITA LANSMON 12377 MERIT DR. SUITE 1800 DALLAS, TX 75251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MARTINI, BARBARA G 12377 MERIT DR. STE 1800 DALLAS TX 75251	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CAROLYN HARVELL 12377 MERIT DR SUITE 1800 DALLAS, TX 75251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anita Lansmon
ANITA LANSMON

1/26/2000

972-419-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #