

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90037 023 ***150.00

DOCUMENT # P36779

1. Entity Name

CUNNINGHAM LINDSEY CLAIMS MANAGEMENT INC.

Principal Place of Business

Mailing Address

3910 BROOKSIDE DR.
 SUITE 200
 TYLER TX 75701

P.O. BOX 6030
 TYLER TX 75711-6030

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

75-2356072

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

101486



DO NOT WRITE IN THIS SPACE

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

[Handwritten 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	D	<input type="checkbox"/> Delete
NAME	POLLEY, KEN H.	
STREET ADDRESS	3910 BROOKSIDE DR.	
CITY-ST-ZIP	TYLER TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUIN, DON	
STREET ADDRESS	3910 BROOKSIDE DR.	
CITY-ST-ZIP	TYLER TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAGJI, FARID	
STREET ADDRESS	3910 BROOKSIDE DR.	
CITY-ST-ZIP	TYLER TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGGI, PAUL	
STREET ADDRESS	3910 BROOKSIDE DR.	
CITY-ST-ZIP	TYLER TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DONALD B	
STREET ADDRESS	3910 BROOKSIDE DR.	
CITY-ST-ZIP	TYLER TX 75701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, JAMES N	
STREET ADDRESS	3910 BROOKSIDE DR	
CITY-ST-ZIP	TYLER TX	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

Daytime Phone #

CR2E034 (9/99)