

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D POLLEY, KEN H.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3910 BROOKSIDE DR.		
	TYLER TX		
<input type="checkbox"/> Delete	D GUIN, DON	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3910 BROOKSIDE DR.		
	TYLER TX		
<input type="checkbox"/> Delete	D NAGJI, FARID	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3910 BROOKSIDE DR.		
	TYLER TX		
<input type="checkbox"/> Delete	D MAGGI, PAUL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3910 BROOKSIDE DR.		
	TYLER TX		
<input type="checkbox"/> Delete	D SMITH, DONALD B	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3910 BROOKSIDE DR.		
	TYLER TX 75701		
<input checked="" type="checkbox"/> Delete	D STEWART, JAMES N	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3910 BROOKSIDE DR		
	TYLER TX		

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

4-12-00 903-561-6700

Date Daytime Phone #

CR2E034 (9/99)