

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90049 021 ***150.00

0601540

DOCUMENT # P36779

1. Entity Name

CUNNINGHAM LINDSEY CLAIMS MANAGEMENT INC.

Principal Place of Business

**3910 BROOKSIDE DR.
SUITE 200
TYLER TX 75701
US**

Mailing Address

**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, 2001 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 ☐ Delete
NAME **D POLLEY, KEN H.**
STREET ADDRESS **3910 BROOKSIDE DR.**
CITY-ST-ZIP **TYLER TX**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D GUIN, DON**
STREET ADDRESS **3910 BROOKSIDE DR.**
CITY-ST-ZIP **TYLER TX**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D NAGJI, FARID**
STREET ADDRESS **3910 BROOKSIDE DR.**
CITY-ST-ZIP **TYLER TX**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D MAGGI, PAUL**
STREET ADDRESS **3910 BROOKSIDE DR.**
CITY-ST-ZIP **TYLER TX**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **D SMITH, DONALD B**
STREET ADDRESS **3910 BROOKSIDE DR.**
CITY-ST-ZIP **TYLER TX 75701**TITLE ☐ Change ☒ Addition
NAME **President**
NAME **Nagji, Ferid**
STREET ADDRESS **3910 Brookside Drive**
CITY-ST-ZIP **Tyler, Texas 75701**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied in 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:

Chris Willis, Assistant Vice President**4/17/2001**

Date

903-561-6700

Daytime Phone #

CR2E034 (10/00)