


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90028 004 ***150.00

DOCUMENT # P36779	
1. Entity Name CUNNINGHAM LINDSEY CLAIMS MANAGEMENT INC.	

Principal Place of Business 495 HWY 121 BYPASS SUITE 200, BLDG A LEWISVILLE TX 75067 US	Mailing Address ATTN:BARBARA COCKERELL P.O. BOX 703689 DALLAS TX 75370
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number 75-2356072	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME MURPHY, KAREN E	
STREET ADDRESS 405 HWY 121 BYPASS STE 200 BLDG A	
CITY-ST-ZIP LEWISVILLE TX 75067	
TITLE SVP	<input checked="" type="checkbox"/> Delete
NAME WILLIS, CHRISTOPHER S	
STREET ADDRESS 405 HWY 121 BYPASS STE 200 BLDG A	
CITY-ST-ZIP LEWISVILLE TX 75067	
TITLE VPGC	<input checked="" type="checkbox"/> Delete
NAME WILLIS, CHRISTOPHER S	
STREET ADDRESS 405 HWY 121 BYPASS STE 200 BLDG A	
CITY-ST-ZIP LEWISVILLE TX 75067	
TITLE TREA	<input checked="" type="checkbox"/> Delete
NAME LANGILLE, DAVID C	
STREET ADDRESS 405 HWY 121 BYPASS STE 200 BLDG A	
CITY-ST-ZIP LEWISVILLE TX 75067	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME David J. Repinski	
STREET ADDRESS 405 St. Hwy 121 Bypass, Bldg. A, Suite 200	
CITY-ST-ZIP Lewisville, TX 75067	
TITLE SVP/Secretary/CO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAREN Austin	
STREET ADDRESS 405 St. Hwy 121 Bypass, Bldg. A, Suite 200	
CITY-ST-ZIP Lewisville, TX 75067	
TITLE CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARI Subramania	
STREET ADDRESS 405 St. Hwy 121 Bypass, Bldg A, Suite 200	
CITY-ST-ZIP Lewisville, TX 75067	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen S. Austin / KARENS. Austin 2/7/05 **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** (214) 488-5139 **Daytime Phone #**