

# 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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME MURPHY, KAREN E  
STREET ADDRESS 405 HWY 121 BYPASS STE 200 BLDG A  
CITY-ST-ZIP LEWISVILLE TX 75067

TITLE President/CEO ☒ Change ☐ Addition  
NAME David J. Repinski  
STREET ADDRESS 405 St. Hwy 121 Bypass, Bldg. A, Suite 200  
CITY-ST-ZIP Lewisville, TX 75067

TITLE SVP ☒ Delete  
NAME WILLIS, CHRISTOPHER S  
STREET ADDRESS 405 HWY 121 BYPASS STE 200 BLDG A  
CITY-ST-ZIP LEWISVILLE TX 75067

TITLE SVP/Secretary/IC ☒ Change ☐ Addition  
NAME KAREN Austin  
STREET ADDRESS 405 St. Hwy 121 Bypass, Bldg. A, Suite 200  
CITY-ST-ZIP Lewisville, TX 75067

TITLE VPGC ☒ Delete  
NAME WILLIS, CHRISTOPHER S  
STREET ADDRESS 405 HWY 121 BYPASS STE 200 BLDG A  
CITY-ST-ZIP LEWISVILLE TX 75067

TITLE CFO ☐ Change ☒ Addition  
NAME HARI Subramania  
STREET ADDRESS 405 St. Hwy 121 Bypass, Bldg A, Suite 200  
CITY-ST-ZIP Lewisville, TX 75067

TITLE TREA ☒ Delete  
NAME LANGILLE, DAVID C  
STREET ADDRESS 405 HWY 121 BYPASS STE 200 BLDG A  
CITY-ST-ZIP LEWISVILLE TX 75067

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Karen Austin / KAREN S. Austin* 2/7/05

(214) 488-5139