

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36779

FILED
Jan 02, 2008
Secretary of State

Entity Name: CUNNINGHAM LINDSEY CLAIMS MANAGEMENT INC.

Current Principal Place of Business:

405 STATE HIGHWAY 121 BYPASS
BUILDING A, SUITE 200
LEWISVILLE, TX 75067 US

New Principal Place of Business:

Current Mailing Address:

300 N. MARTINGALE ROAD, SUITE 750
ATTN: JOANNE KINKADE
SCHAUMBURG, IL 60173

New Mailing Address:

FEI Number: 75-2356072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC/D () Delete
Name: REPINSKI, DAVID J
Address: 405 STATE HWY 121 BYPASS, BLDG A, STE 200
City-St-Zip: LEWISVILLE, TX 75067

Title: SE/D () Delete
Name: SCHULZ, DANIEL S
Address: 300 N. MARTINGALE ROAD, SUITE 750
City-St-Zip: SCHAUMBURG, IL 60173

Title: TR/D () Delete
Name: SUBRAMANIA, HARI
Address: 300 N. MARTINGALE ROAD, SUITE 750
City-St-Zip: SCHAUMBURG, IL 60173

Title: S () Delete
Name: MERSINI, CARON
Address: 5205 N. O'CONNOR BLVD
City-St-Zip: IRVING, TX 75039

Title: S () Delete
Name: YU, THOMAS
Address: 5205 N O'CONNOR BLVD
City-St-Zip: IRVING, TX 75039

Title: S () Delete
Name: ARNOLD, ERICA
Address: 5202 N O'CONNOR BLVD
City-St-Zip: IRVING, TX 75039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL S. SCHULZ

SE/D

01/02/2008

Electronic Signature of Signing Officer or Director

_____ Date