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:			New Principal Place	New Principal Place of Business:	
405 STATE HIGHWAY 121 BYPASS BUILDING A, SUITE 200 LEWISVILLE, TX 75067 US					
Current Mailing Address: Nev			New Mailing Addres	s:	
300 N. MARTINGALE ROAD, SUITE 750 ATTN: JOANNE KINKADE SCHAUMBURG, IL 60173					
FEI Number: 75-2356072		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name			Name and Address	of New Registered Agent:	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	REPINSKI, DAVID	121 BYPASS, BLDG A, STE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHULZ, DANIEL	ALE ROAD, SUITE 750	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SUBRAMANIA, HA	ALE ROAD, SUITE 750	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () D MERSINI, CARON 5205 N. O'CONNO IRVING, TX 7503	OR BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () D YU, THOMAS 5205 N O'CONNO IRVING, TX 7503		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () D ARNOLD, ERICA 5202 N O'CONNO IRVING, TX 7503		Title: Name: Address: City-St-Zip:	() Change () Addition	
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