

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2003 8:00 am
Secretary of State

06-10-2003 90036 015 ***550.00

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

ATTN: BARBARA COCKERELL

2. Principal Place of Business
495 Hwy 121 Bypass
Suite, Apt. #, etc.
Suite 200, Bldg. A.

3. Mailing Address
P. O. Box 703689
Suite, Apt. #, etc.

City & State
Lewisville, TX

City & State
Dallas, TX

4. FEI Number **75-2356072**

Applied For
Not Applicable

Zip Country
75067 USA

Zip Country
75370-3689 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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, 2003 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	VPGC	<input checked="" type="checkbox"/> Delete
NAME	CONSER, JONATHAN	
STREET ADDRESS	3910 BROOKSIDE DR.	
CITY-ST-ZIP	TYLER TX 75701	
TITLE	DEVP	<input checked="" type="checkbox"/> Delete
NAME	GUIN, DON	
STREET ADDRESS	3910 BROOKSIDE DR.	
CITY-ST-ZIP	TYLER TX 75701	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, MICHAEL	
STREET ADDRESS	405 HWY 121 BYPASS STE 200	
CITY-ST-ZIP	LEWISVILLE TX 75067	
TITLE	VPGC	<input type="checkbox"/> Delete
NAME	WILLIS, CHRISTOPHER S	
STREET ADDRESS	3910 BROOKSIDE DR.	
CITY-ST-ZIP	TYLER TX 75701	
TITLE	VPDM	<input type="checkbox"/> Delete
NAME	MARIONNEAUX, ED	
STREET ADDRESS	10500 COURSEY BLVD STE 304	
CITY-ST-ZIP	BATON ROUGE LA 70816	
TITLE	VPDM	<input type="checkbox"/> Delete
NAME	NORKETT, PAUL	
STREET ADDRESS	405 HWY 121 BYPASS STE 200	
CITY-ST-ZIP	LEWISVILLE TX 75067	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Eisenmann	
STREET ADDRESS	405 Hwy 121 Bypass, Ste 200, Bldg A	
CITY-ST-ZIP	Lewisville, TX 75067	
TITLE	Sr.VP & GC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher S. Willis	
STREET ADDRESS	405 Hwy 121 Bypass, Ste 200, Bldg A	
CITY-ST-ZIP	Lewisville, TX 85067	
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		
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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-5-03

903-597-2789

CR2E034 (10/02)