

**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.**

City & State  
**Lewisville, TX**

Zip  
**75067**

Country  
**USA**

3. Mailing Address

**P. O. Box 703689**

Suite, Apt. #, etc.

City & State  
**Dallas, TX**

Zip  
**75370-3689**

Country  
**USA**

4. FEI Number **75-2356072**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	

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** 6-5-03 903-597-2789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)