FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081463 (0)

1. Corporation Name
COORDINATED CLAIMS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1680 FRUITVILLE ROAD SARASOTA FL 34236	ATTN: JOHN P. ROULETT 342 SCHUYLER AVE KEARNY NJ 07032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-3216934 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, WILTON R
201 S MONROE STREET
SUITE 500
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	P/C/E/O	☐ Change ☒ Addition
NAME	KENNEDY, FRANCIS P	1.2 NAME	Scaglione, Donald E	
STREET ADDRESS	342 SCHUYLER AVE	1.3 STREET ADDRESS	5160 Del Sol Drive	
CITY-ST-ZIP	KEARNY NJ	1.4 CITY-ST-ZIP	Merritt Island FL 32937	
TITLE	D	2.1 TITLE	S/C/E/O	☐ Change ☒ Addition
NAME	KENNEDY, LOUIS J	2.2 NAME	Tabor, William E	
STREET ADDRESS	342 SCHUYLER AVE	2.3 STREET ADDRESS	155 Carrigan Blvd	
CITY-ST-ZIP	KEARNY NJ	2.4 CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, WILTON R	3.2 NAME		
STREET ADDRESS	201 S. MONROE ST SUITE 500	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	BALLARD, BRIAN D	4.2 NAME		
STREET ADDRESS	201 S. MONROE ST. SUITE 500	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	DVP	5.1 TITLE		☒ Change ☐ Addition
NAME	MCCAHILL, JAMES J	5.2 NAME	McCahill James J	
STREET ADDRESS	1373 BROAD ST	5.3 STREET ADDRESS	1700 Rt. #3 West	
CITY-ST-ZIP	CLIFTON NJ	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	ROULETT, JOHN P	6.2 NAME		
STREET ADDRESS	342 SCHUYLER AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	KEARNY NJ	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P. Roulett John P. Roulett 4/18/95 201-998-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000437A FR