

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000071906

1. Entity Name
USA CLAIMS ASSOCIATES, INC.



05 MAY -2 PM 4:45

RECEIVED
TALLAHASSEE, FLORIDA

Principal Place of Business
158 N. HARBOR CITY BLVD
MELBOURNE, FL 32935 US

Mailing Address
158 N. HARBOR CITY BLVD
MELBOURNE, FL 32935 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005

Chg-P

CR2E034 (10/03)

05

4. FEI Number
59-3399442

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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.

Jeanine Reynolds
as its agent

5-2-05

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
FRADIN, RUSSELL
90 PARK AVENUE 10TH FL
NEW YORK, NY 10016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000054667760
05/17/05--01026--011 **\$150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOT
FOX, JAMES L
100 SUMMER ST. STE 140
BOSTON, MA 02110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DELL, KEVIN J
90 PARK AVE 10TH FL
NEW YORK, NY 10016 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAHN, JOHN
50 CALIFORNIA ST. STE 200
SAN FRANCISCO, CA 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
GILLIAM, JOHN P
3435 STELZER RD.
COLUMBUS, OH 43219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
POTTS, KYNDALL J
3435 STELZER RD.
COLUMBUS, OH 43219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Kyndall J Potts

Date

Daytime Phone #

(614) 428-328