
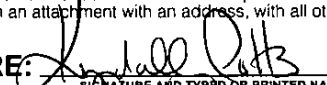


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90439 012 \*\*\*150.00

<b>DOCUMENT # P96000071906</b>					
<b>1. Entity Name</b> USA CLAIMS ASSOCIATES, INC.					
<b>Principal Place of Business</b> 158 N. HARBOR CITY BLVD MELBOURNE, FL 32935 US			<b>Mailing Address</b> 158 N. HARBOR CITY BLVD MELBOURNE, FL 32935 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3399442	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>CEOD</b> <input type="checkbox"/> Delete FRADIN, RUSSELL 90 PARK AVENUE 10TH FL NEW YORK, NY 10016		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>CFOT</b> <input checked="" type="checkbox"/> Delete FOX, JAMES L 100 SUMMER ST. STE 140 BOSTON, MA 02110		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> <input type="checkbox"/> Delete HAHN, JOHN 50 CALIFORNIA ST. STE 200 SAN FRANCISCO, CA 94106		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>SVP</b> <input checked="" type="checkbox"/> Delete GILLIAM, JOHN P 3435 STELZER RD. COLUMBUS, OH 43219		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <input type="checkbox"/> Delete POTTS, KYNDALL J 3435 STELZER RD. COLUMBUS, OH 43219		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b>  <u>Kyndall J. Potts</u> <span style="float: right;">4/26/06 (614) 428-3284</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

USA CLAIMS ASSOCIATES, INC			
Corporate Officers & Directors			
	Position	Name	Business Address
CEO		Russell P. Fradin	105 Eisenhower Parkway, Roseland, NJ 07068
EVP/CFO/Treasurer/Director		Bruce D. Dalziel	105 Eisenhower Parkway, Roseland, NJ 07068
Secretary		Vacant	
Asst. Secretary/Director		Vacant	0
Executive Vice President		Sharon Murphy	105 Eisenhower Parkway, Roseland, NJ 07068
SVP/CAO		Cory Douglas	3435 Stelzer Rd., Suite 1000, Columbus, OH 43219
President		John Hahn	50 California Street, Ste 2000, San Francisco, CA 94111
Vice President		Kyndall J. Potts	3435 Stelzer Rd., Suite 1000, Columbus, OH 43219
Executive Vice President		Tom Ciardello	50 California Street, Ste 2000, San Francisco, CA 60606

ATTACHMENT

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