

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044107

Entity Name: AMT CLAIMS SERVICES, INC.**Current Principal Place of Business:**800 SUPERIOR AVE 21 FLOOR
CLEVELAND, OH 44114**Current Mailing Address:**800 SUPERIOR AVE E 21 FLOOR
CLEVELAND, OH 44114**FEI Number:** 65-0923856**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title TREASURER, DIRECTOR
Name SCHLACHTER , HARRY
Address 59 MAIDEN LANE, 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, ASST. SECRETARY
Name MOSES, BARRY
Address 800 SUPERIOR AVE
 21ST FL
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR
Name FENSTER, JEFFREY
Address 59 MAIDEN LANE
 43RD FL
City-State-Zip: NEW YORK NY 10038

Title SECRETARY, DIRECTOR
Name UNGAR, STEPHEN
Address 59 MAIDEN LANE
 43RD FL
City-State-Zip: NEW YORK NY 10038

Title PRESIDENT
Name FOY, CHRISTOPHER
Address 59 MAIDEN LANE,
 43RD FL
City-State-Zip: NEW YORK NY 10038

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN UNGAR**SECRETARY****04/13/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date