# 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F2100000002

Entity Name: CLAIMVANTAGE, INC

### Current Principal Place of Business:

ONE CITY CENTER SECOND FLOOR PORTLAND, ME 04101

## **Current Mailing Address:**

ONE CITY CENTER SECOND FLOOR PORTLAND, ME 04101 US

## FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

### **Officer/Director Detail :**

Oncendinector Detail.				
Title	SECRETARY	Title	DIRECTOR	
Name	GILBRIDE, OISIN	Name	CORCORAN, WILLIAM	
Address	ONE CITY CENTER SECOND FLOOR	Address	ONE CITY CENTER SECOND FLOOR	
City-State-Zip:	PORTLAND ME 04101	City-State-Zip:	PORTLAND ME 04101	
Title	VP	Title	TREASURER	
Name	VARNEY, STACY	Name	WALSH, RYAN	
Address	ONE CITY CENTER SECOND FLOOR	Address	ONE CITY CENTER SECOND FLOOR	
City-State-Zip:	PORTLAND ME 04101	City-State-Zip:	PORTLAND ME 04101	
Title	VP	Title	PRESIDENT/CEO	
Name	WALSH, REGINA	Name	CORCORAN, WILLIAM	
Address	ONE CITY CENTER SECOND FLOOR	Address	ONE CITY CENTER SECOND FLOOR	
City-State-Zip:	PORTLAND ME 04101	City-State-Zip:	PORTLAND ME 04101	

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: RYAN WALSH

TREASURER

04/24/2021

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date