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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

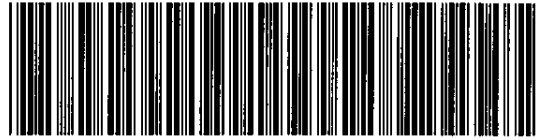
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2007

STAN BROWN  
2511 N. HWY 167  
CATOOSA, OK 74015

SUBJECT: PACESETTER CLAIMS SERVICE INC.  
Ref. Number: W07000047774

We have received your document for PACESETTER CLAIMS SERVICE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3,450.00.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Document Specialist  
New Filing Section

Letter Number: 807A00056577

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Pacesetter Claims Service, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stan Brown V.P. CAT Claims Services  
(Name of Person)

Pacesetter Claims Service Inc.  
(Firm/Company)

2511 N. Hwy 167  
(Address)

Catoosa, OK 74015  
(City/State and Zip code)

For further information concerning this matter, please call:

Stan Brown at ( 405 ) 820-7919  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Pacesetter Claims Service, Inc  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PCS Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oklahoma 3. 73-1533956  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Feb 2, 1998 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. September 2004  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2511 N. Hwy 167 Catoosa, Ok 74015  
(Principal office address)

P.O. Box 472107 Tulsa, Ok 74147  
(Current mailing address)

8. Catastrophe insurance claims adjusting  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

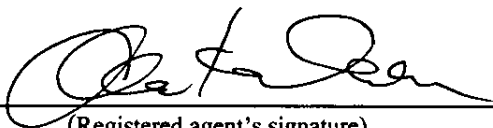
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alan Korhonen

Office Address: 6745 Phillips Industrial Blvd Suite 2  
Jacksonville, Florida 32256  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: William L. Brassfield

Address: 2511 N. Hwy 167  
Catoosa, OK 74015

Vice President: Stan Brown

Address: 2511 N. Hwy 167  
Catoosa, OK 74015

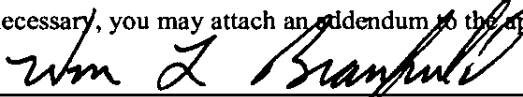
Secretary: Dale Brassfield - Sr VP + Secretary

Address: 2511 N. Hwy 167 Catoosa, OK 74015

Treasurer: Duane Barnard

Address: 2511 N. Hwy 167 Catoosa OK 74015

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. William L. Brassfield President / CEO  
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE

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SECRETARY OF STATE  
TALLASSEE, FLORIDA

**CERTIFICATE OF GOOD STANDING**

**DOMESTIC FOR PROFIT BUSINESS CORPORATION**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that PACESETTER CLAIMS SERVICE, INC. whose registered agent is BARBER & BARTZ, A PROFESSIONAL CORPORATION, with its registered office at 525 S. MAIN, STE. 800 TULSA 74103 4511 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 11th, day of September, 2007.*

*M. Susan Savage*

Secretary Of State