

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90012 033 ***550.00

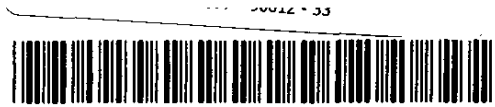


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **F98000004337**
 1. Corporation Name

ADJUSTNET, INC.



Principal Place of Business Mailing Address
100 CUMMINGS CENTER BEVERLY MA 01915

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1998

4. FEI Number **04-3424185** Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. **Suite 207L** 26 Suite, Apt. #, etc. **Suite 207L**

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MCCARTHY, BRIAN K	
STREET ADDRESS	100 CUMMINGS CENTER, SUITE 206G	
CITY-ST-ZIP	BEVERLY MA 01915	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	NESTOR, PAUL R JR	
STREET ADDRESS	100 CUMMINGS CENTER, SUITE 206G	
CITY-ST-ZIP	BEVERLY MA 01915	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBBIN, STUART A	
STREET ADDRESS	100 CUMMINGS CENTER, SUITE 206G	
CITY-ST-ZIP	BEVERLY MA 01915	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul R Nestor*

July 14, 1999 (478)927-6633

CR2E034 (5/99)



592 977-90012-33
F 9800000 4337

Insurance Holdings of America, Inc.

Consumer Insurance Services of America, Inc. • Insurance Technology Services of America, Inc.

VIA PRIORITY MAIL

July 14, 1999

Division of Corporations
Annual Reports Filing
PO Box 1500
Tallahassee, FL 32302-1500

Re: Adjustnet, Inc.

Dear Sir/Madam:

Enclosed please find Adjustnet, Inc.'s completed Profit Corporation Annual Report and a check in the amount of \$550.00. I trust the enclosed documents meet your requirements.

If you are in need of any further information, please contact me. I can be reached at (888) 772-2472, ext. 1280 or email me at spasseri@consumerinsurance.com.

Very Truly Yours,

Stephanie B. Passeri
Compliance Paralegal