

1.) CORPORATION NAME: Claims Bureau USA, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 6802 PARAGON PLACE SUITE 410 RICHMOND, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MA	DUE DATE: 1/31/2016 SCC ID NO: F1614454 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 7 CONSTITUTION WAY STE 101 CITY/ST/ZIP: WOBURN , MA 01801
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN X BRUSSARD TITLE: PRES/TREAS ADDRESS: PO BOX 2936 CITY/ST/ZIP/CO: WOBURN, MA 01888	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: BRIAN LANDRY TITLE: SECRETARY ADDRESS: PO BOX 2936 CITY/ST/ZIP/CO: WOBURN, MA 01888	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BRIAN LANDRY	BRIAN LANDRY, SECRETARY	12/10/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.