

OFFICE OF THE ATTORNEY GENERAL, DEPARTMENT OF LEGAL AFFAIRS, STATE OF FLORIDA
VS.
PROFESSIONAL RESOURCES SYSTEM INTERNATIONAL, INC., a/k/a PRSI, INC.; WILLIAM
CAUDELL a/k/a BILL CAUDELL and BILLY CAUDELL; LESTER "GIL" GILLESPIE; SALVATORE
ARGENTO; JOSEPH ROTUNNO, and BEN TOBIN a/k/a BEN TABINI,
CASE NO. 502000CA000067XXOCAB

CLAIM FORM

1. NAME AND ADDRESS CURRENTLY ON FILE :

IF BLANK GO TO SECTION 2

Last 4 of TaxID/SSN: _____
Phone: _____

- Please check this box if address is still current and proceed to box #3
 Please check this box if address differs and complete box #2 with your corrections.

This space is for internal use only

2. MODIFICATIONS OR ADDITIONS TO ADDRESS INFORMATION CURRENTLY ON FILE:

Name: _____ City, St, Zip, Country: _____
Attn.: _____ Phone: _____ Email: _____
Addr: _____ Taxpayer ID/SSN: _____

3. DETAIL OF DEBT (If you claim more than one debt then you must submit separate Claim Forms for each debt claimed):

Amount you claim is owed:
\$295

Other Please Specify: _____

Date Debt was incurred/ period of time for which you are owed:

4. Which Entity Owes Debt (Please indicate by checking appropriate box)?

- PROFESSIONAL RESOURCES SYSTEM INTERNATIONAL, INC., a/k/a PRSI, INC
 WILLIAM CAUDELL a/k/a BILL CAUDELL and BILLY CAUDELL
 LESTER "GIL" GILLESPIE
 SALVATORE ARGENTO
 JOSEPH ROTUNNO, and BEN TOBIN a/k/a BEN TABINI

5. LAWSUITS:

Did you file a lawsuit to collect the Debt claimed? YES No If YES, where and which court: _____

Attorney's name: _____ Address: _____ Phone: _____

6. JUDGMENT:

Did you obtain a court judgment? YES No If YES, what date: _____

7. REFUNDS:

Did you receive a partial and/or full refund from any third party? YES No If YES, please provide details: _____

Supporting Documents: Attach copies of supporting documents, invoices, contracts, or other agreements which support your claim. **DO NOT SEND ORIGINAL DOCUMENTS.** If documents are not available, explain on separate sheet of paper. **SEE REVERSE** for further instructions.

Verification of Claims: All claims submitted are subject to verification by the Receiver and approval by the Court. It is important to provide complete and accurate information to facilitate this effort. Claimants may be asked to supply additional information to complete this process. Claims will not be submitted to the Court for approval until they have been verified.

IF CLAIM IS SENT BY MAIL, SEND TO:

LEWIS B. FREEMAN
c/o Administar Services Group, LLC
P.O. Box 56636
Jacksonville, FL 32241-6636

IF CLAIM IS SENT BY MESSENGER, SEND TO:

LEWIS B. FREEMAN
c/o Administar Services Group, LLC
8475 Western Way, Suite 110
Jacksonville, FL 32256

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Pursuant to Fla Stat§ 68.081, I declare under penalty of perjury that the foregoing is true and correct. Sign and print the name and title, if any, of the person authorized to file this claim (attach a copy of power of attorney, if any):

(Sign Name) Executed on (date): _____

(Print or type name)

**PENALTY FOR PRESENTING FRAUDULANT CLAIM:
FINE OF UP TO \$10,000 PLUS TREBLE DAMAGES. FLA STAT§ 68.081**

INSTRUCTIONS FOR COMPLETING CLAIM FORM

- You must complete this form in the English language and the amounts allegedly due must be stated in the lawful currency of the United States.
- It is strongly recommended that you keep a copy of the completed claim form for your records.
- It is strongly recommended that you return your completed claim form via certified mail.
- **DO NOT SEND** your completed claim form to the Court. Claims may **only** be filed at the address provided on the front of the Claim Form.
- For more information or to monitor the status of this receivership case, please refer to the Receiver's website at www.prsiinc.com
- If you are aware of any other Claimants, please tell them to contact us so that we can send them a claim form if we have not done so already.

ITEMS TO BE COMPLETED IN CLAIM FORM (If not already filled in)

1. **Name and Address currently on file:** If this information is still current, please proceed to number 3.
It is your responsibility to advise Receiver of any address or phone changes.
2. **Modifications:** Make any modifications or additions to address information currently on file.
3. **Detail of Debt:** Attach supporting documents and provide a detailed explanation of how you calculate your claim. Be sure to state all credits.
Note:
 - Please send legible copies of supporting documentation rather than originals.
 - If you claim more than one debt, then you must submit separate Claim Forms for each debt claimed.
 - It is your responsibility to advise if your claim is transferred or assigned.
4. **Entity:** Indicate which entity owes you the debt. Please check appropriate box.
5. **Lawsuits:** Indicate if you filed a lawsuit to collect the debt claimed. Please provide attorney's name, address and phone number as well as the name of the Court in which the lawsuit was filed.
6. **Court Judgments:** If you have obtained a court judgment for this debt, state the date the court entered the judgment.
7. **Refunds:** Indicate if you have received a partial and/or full refund from any third party and provide details.

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SHALL SUBMIT TO THE EXCLUSIVE JURISDICTION OF THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT IN AND FOR PALM BEACH COUNTY, FLORIDA FOR ALL PURPOSES.