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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:34

DOCUMENT # 849177 (1)

1. Corporation Name
INTERNATIONAL BENEFIT SERVICES CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4150 INTERNATIONAL PLAZA STE 900 FT. WORTH TX 76109 US	4150 INTERNATIONAL PLAZA STE 900 FT. WORTH TX 76109 US

3. Date Incorporated or Qualified: 05/19/1981
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 23-2176124 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☑ Addition
NAME	GALLAGHER, JAMES F.	1.2 NAME	
STREET ADDRESS	7120 SERRANO DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	1.4 CITY-ST-ZIP	76126
TITLE	TV	2.1 TITLE	☐ Change ☑ Addition
NAME	SANTINOCETO, I.J.	2.2 NAME	
STREET ADDRESS	7204 FRANCISCO DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	2.4 CITY-ST-ZIP	76133
TITLE	S	3.1 TITLE	☐ Change ☑ Addition
NAME	GRIFFIN, A. DIANE	3.2 NAME	
STREET ADDRESS	5001 ROCK RIVER	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	3.4 CITY-ST-ZIP	76103
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LYNCH, JOHN G	4.2 NAME	
STREET ADDRESS	9652 RAVENSHOE RD. RR#2	4.3 STREET ADDRESS	
CITY-ST-ZIP	UXBRIDGE, ONTARIO CN L9P1R-2	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Sr. VP/Treasurer 3/16/95 (817) 737-1715
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0460662 FP