

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 849177 (1)**  
 1. Corporation Name  
**INTERNATIONAL BENEFIT SERVICES CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4150 INTERNATIONAL PLAZA STE 900 FT. WORTH TX 76109 US</b>	Mailing Address <b>4150 INTERNATIONAL PLAZA STE 900 FT. WORTH TX 76109 US</b>
--	--

3. Date Incorporated or Qualified <b>05/19/1981</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>23-2176124</b>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <b>NEGATIVE</b>	

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

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 **REPORT**

81. Name

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

83. \_\_\_\_\_

84. City

85. Zip Code **FL**

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 \_\_\_\_\_ (NOTIL Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GALLAGHER, JAMES F.</b>	
STREET ADDRESS	<b>7120 SERRANO DR.</b>	
CITY-ST-ZIP	<b>FT WORTH TX</b>	
TITLE	<b>TV</b>	<input type="checkbox"/> DELETE
NAME	<b>SANTINOCETO, I.J.</b>	
STREET ADDRESS	<b>7204 FRANCISCO DR.</b>	
CITY-ST-ZIP	<b>FT WORTH TX</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, A. DIANE</b>	
STREET ADDRESS	<b>5001 ROCK RIVER</b>	
CITY-ST-ZIP	<b>FT. WORTH TX</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, J. KIMBALL</b>	
STREET ADDRESS	<b>2108 HIGHGATE</b>	
CITY-ST-ZIP	<b>COLLEYVILLE TX</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>920 Independence Pkwy.</b>
4.4 CITY-ST-ZIP	<b>Southlake, TX 76092</b>
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 in an attachment with an address.

SIGNATURE: *I. J. Santinoceto* I. J. Santinoceto 4/2/98 (817) 737-1715

CR2E034 (10/97)