

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

FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003867 (6)

1. Corporation Name
BENEFIT SERVICES, INC. OF OHIO



Principal Place of Business 3636 COPLEY ROAD PO BOX 4138 COPLEY, SUMMIT COUNTY OH 44321	Mailing Address 3636 COPLEY ROAD PO BOX 4138 COPLEY, SUMMIT COUNTY OH 44321-0138
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3. Date Incorporated or Qualified 07/30/1996	3a. Date of Last Report
4. FEI Number 34-1785445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent FRAZIER, ROBERT C SR 2950 NORTH BEACH ROAD, UNIT A334 ENGLEWOOD FL 34223	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCFO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, ROBERT C SR	1.2 NAME	
STREET ADDRESS	2950 NORTH BEACH ROAD UNIT A334	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, CONSTANCE M PD	2.2 NAME	
STREET ADDRESS	3288 EDINGTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRLAWN OH 34223	2.4 CITY-ST-ZIP	
TITLE	DEV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBAUER, JEROME	3.2 NAME	
STREET ADDRESS	1479 KARL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH 44321	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, KATHLEEN M	4.2 NAME	
STREET ADDRESS	4432 RIDGEWOOD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH 44321	4.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPALTEN, JOHN	5.2 NAME	
STREET ADDRESS	2074 BEECHTREE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONTOWN OH 44685	5.4 CITY-ST-ZIP	
TITLE	VCDV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, ROBERT C JR	6.2 NAME	
STREET ADDRESS	W 145-N 10184 RAINTREE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI 53022	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Robert C. Frazier **ROBERT C. FRAZIER** 4/19/97 (330) 666-0337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CR2E034 (9/96)