

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90408 044 ***158.75

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DOCUMENT # F96000003867

1. Entity 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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **34-1785445** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRAZIER, ROBERT C SR
2950 NORTH BEACH ROAD, UNIT A334
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name
Frazier, Robert C Sr

Street Address (P.O. Box Number is Not Acceptable)
5220 Banyan Dr #5 Ap 304

City *St. Petersburg* FL Zip Code *33715*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert C Frazier, Chairman* DATE *4-7-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCFO	<input type="checkbox"/> Delete
NAME	FRAZIER, ROBERT C SR	
STREET ADDRESS	2950 NORTH BEACH ROAD UNIT A334	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRAZIER, CONSTANCE M PD	
STREET ADDRESS	3286 EDINGTON ROAD	
CITY-ST-ZIP	FAIRLAWN OH 34223	
TITLE	DEV	<input type="checkbox"/> Delete
NAME	NEWBAUER, JEROME	
STREET ADDRESS	1479 KARL DRIVE	
CITY-ST-ZIP	AKRON OH 44321	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRAZIER, KATHLEEN M	
STREET ADDRESS	4432 RIDGEWOOD ROAD	
CITY-ST-ZIP	AKRON OH 44321	
TITLE	VCDV	<input type="checkbox"/> Delete
NAME	FRAZIER, ROBERT C JR	
STREET ADDRESS	W 145-N 10184 RAINTREE DRIVE	
CITY-ST-ZIP	GERMANTOWN WI 53022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert C Frazier* DATE: *4-7-03* DAYTIME PHONE #: *800.367.3762 x 150*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)