2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90298 001 *1,500.00

064882 AT

DOCUMENT # F99000002546

1. Entity Name
CBIZ INSTIUTIONAL BENEFIT SERVICES, INC.

Principal Place of Business	Mailing Address
20 N ORANGE AVE STE 404 ORLANDO FL 32801	6480 ROCKSIDE WOODS BLVD.. SUITE 330 CLEVELAND OH 44131

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6480 Rockside Woods Blvd.	
Suite, Apt. #, etc. Suite 330	Suite, Apt. #, etc.
City & State Cleveland, OH	City & State
Zip 44131	Country / Zip / Country

4. FEI Number 34-1885306 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PERRY, RICHARD A 20 N ORANGE AVE, STE 404 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FALLER, DONALD M 20 N ORANGE AVE STE 404 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GLEESPEN, MICHAEL W 6480 ROCKSIDE WOODS BLVD., SUITE 330 CLEVELAND OH 44131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP GRISKO, JEROME P JR. 6480 ROCKSIDE WOODS BLVD., SUITE 330 INDEPENDENCE OH 44131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AZZOLINA, DAVID S 6480 ROCKSIDE WOODS BLVD STE 330 INDEPENDENCE OH 44131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Signature REQUIRED Michael W. Gleespen 4/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #