835606

CT CORPORATION SYSTEM

FILED
2001 JUL -6 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

(1) American Benefit Plan Adminstrators, Inc.

(2) HealthPlan Services, Inc.

400004462494--4
-07/06/01--01066--006
*****35.00 *****35.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
NOT ACKNOWLEDGE FILING
SUFFICIENCY

( ) Profit	( ) Amendment	( ) Merger
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( ) Foreign	( ) Dissolution/Withdrawal	( ) Mark
	( ) Reinstatement	
( ) Limited Partnership	( ) Annual Report	( ) Other
( ) LLC	( ) Name Registration	(X) Change of RA
	( ) Fictitious Name	( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
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Name 7/6/01 Order#: 4597821

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W.P. Verifier _____

C. COULLIETTE JUL 0 6 2001

Ref#: _____

Amount: $_____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

9

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of California *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: American Benefit Plan Administrators, Inc.

2. The mailing address of the corporation is: 4401 Santa Anita Avenue
El MOnte, CA 91731

3. Date of incorporation/qualification: December 17,1975 Document number: 835606

4. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box **Not** Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board) — (Date) 6/29/01

C. Deryl Couch, VP & Asst. Secretary (Printed or typed name and title) — (Date) 6/29/01

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent) — (Date) 7/3/01

If signing on behalf of an entity:

Peter F. Souza (Typed or Printed Name) — Assistant Secretary (Capacity)

CR2E045(4/95)

FILING FEE: $35.00