

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007267

**Entity Name:** BENEFIT SERVICES ASSOCIATION, INC.

**Current Principal Place of Business:**

900 36TH AVENUE NW SUITE 105  
NORMAN, OK 73072

**Current Mailing Address:**

900 36TH AVENUE NW SUITE 105  
NORMAN, OK 73072 US

**FEI Number: 43-1942355**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            LAWLER, WAYNE D  
Address        5618 PRESTON FAIRWAYS DR  
City-State-Zip: DALLAS TX 75252-4953

Title            SECRETARY, DIRECTOR  
Name            KATOSIC, GEORGE R  
Address        1002 RIVA RIDGE  
City-State-Zip: WYLIE TX 75098

Title            TREASURER, DIRECTOR  
Name            NORED, ANNE M  
Address        1116 DEERCROSS LANE  
City-State-Zip: WAXHAW NC 28173

Title            ASST. SECRETARY  
Name            DENISON, BRADLEY W  
Address        900 36TH AVENUE NW SUITE 105  
City-State-Zip: NORMAN OK 73072

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BRADLEY W. DENISON**

**ASSISTANT SECRETARY    04/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date