

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 406663

1. Entity Name

HEALTHPLAN SERVICES, INC.

FILED

00 SEP 25 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3501 FRONTAGE RD.
TAMPA FL 33607-3599

Mailing Address

P.O. BOX 30098
TAMPA FL 33630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 59-1407300

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE *Aura R. Dingle*

9/25/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PARKER, ROBERT R.
STREET ADDRESS 3501 FRONTAGE RD
CITY-ST-ZIP TAMPA FL 33607 Delete

TITLE EVP
NAME George E. Lucco
STREET ADDRESS 3401 Morse Crossing
CITY-ST-ZIP Columbus, OH 43219 Change Addition

TITLE DCC
NAME MURRAY, JR, JAMES K
STREET ADDRESS 3501 FRONTAGE RD
CITY-ST-ZIP TAMPA FL 33607 Delete

TITLE Director
NAME 300003408063
STREET ADDRESS -09/28/00--01061--016
CITY-ST-ZIP *****750.00 *****750.00 Change Addition

TITLE DVC
NAME BENNETT, WILLIAM L
STREET ADDRESS 3501 FRONTAGE RD
CITY-ST-ZIP TAMPA FL 33607 Delete

TITLE EVP
NAME Jeffery W. Bak
STREET ADDRESS 3501 Frontage Road
CITY-ST-ZIP Tampa, FL 33607 Change Addition

TITLE ECTS
NAME DINGLE, PHILLIP S.
STREET ADDRESS 3501 FRONTAGE RD
CITY-ST-ZIP TAMPA FL 33607 Delete

TITLE D/P/T/S
NAME LS Change Addition

TITLE EVP
NAME RAECKERS, GARY L
STREET ADDRESS 3501 FRONTAGE RD
CITY-ST-ZIP TAMPA FL 33607 Delete

TITLE Asst. Secretary
NAME William Brake
STREET ADDRESS 3401 Morse Crossing
CITY-ST-ZIP Columbus, OH 43219 Change Addition

TITLE EVP
NAME HUSLANDER, STEVEN V.
STREET ADDRESS 3501 FRONTAGE RD
CITY-ST-ZIP TAMPA FL 33607 Delete

TITLE
NAME 300003408063
STREET ADDRESS -09/28/00--01061--017
CITY-ST-ZIP *****8.75 *****8.75 Change Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Phyllis S. Dingle, President*

9/18/00

(813)289-1000x2048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)