## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 406663** 

Entity Name: HEALTHPLAN SERVICES, INC.

FILED Jan 08, 2010 Secretary of State

3501 FRONTAGE RD. TAMPA, FL 336073599

Current Mailing Address: New Mailing Address:

P.O. BOX 30098 ATTN: LEGAL DEPT. TAMPA, FL 33630

FEI Number: 59-1407300 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: EVPS

Name: SCHULTZ, ARTHUR T Address: 3501 FRONTAGE ROAD City-St-Zip: TAMPA, FL 33607

Title: CFO

Name: CHADWICK, THOMAS K Address: 3501 FRONTAGE RD City-St-Zip: TAMPA, FL 33607

Title: DPT

Name: BAK, JEFFERY W
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title:

Name: COSLER, STEVEN D

Address: 333 W. WACKER DR. SUITE 1620

City-St-Zip: CHICAGO, IL 60606

Title: \

Name: MATHEY, BARBARA
Address: 3501 FRONTAGE ROAD
City-St-Zip: TAMPA, FL 33607

Title: [

Name: VILLERS, NED H

Address: 333 W. WACKER DR. SUITE 1620

City-St-Zip: CHICAGO, IL 60606

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: JEFFERY W. BAK P 01/08/2010