


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 703428</b> 1. Entity Name I B E W SYSTEM COUNCIL U-4 DEATH BENEFIT FUND, INC.	
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Principal Place of Business 4110 MCCULLOUGH RD. MIMS, FL 32754	Mailing Address 4110 MCCULLOUGH RD. MIMS, FL 32754
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02152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0565475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KUSTERER, FRED 4110 MCCULLOUGH RD. MIMS, FL 32754
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000931657  
02/27/08-80026-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KUSTERER, FRED 4110 MCCULLOUGH RD. MIMS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLYNN, STEVE 359 8741 SW 188 ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENSON, T 2056 GOLDEN ARM RD DELTONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:  **Fred Kusterer** 15 FEB 08 3212677376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #