
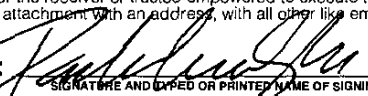


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90176 035 ***150.00

DOCUMENT # 829347					
1. Entity Name SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.					
Principal Place of Business 151 FARMINGTON AVE. TN 41 HARTFORD, CT 06156-2000 US			Mailing Address 20 WASHINGTON AVE S ROUTE 1261 MINNEAPOLIS, MN 55401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-0889923	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARHORST, RONALD		NAME		
STREET ADDRESS	7676 HAZARD CENTER DR., STE 500		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92108		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELMY, JOSEPH		NAME		
STREET ADDRESS	5780 POWERS FERRY ROAD, NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30327		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENDERGRASS, DAVID		NAME		
STREET ADDRESS	5780 POWERS FERRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30327		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLUDRAY-ENGELKE, PAULA		NAME		
STREET ADDRESS	20 WASHINGTON AVE S		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55401		CITY-ST-ZIP		
TITLE	VOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINNEY, DAVID J		NAME		
STREET ADDRESS	2900 N. LOOP W., STE 180		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77092		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHOFF, REBECCA A		NAME	Assistant Secretary	
STREET ADDRESS	20 WASHINGTON AVE. SOUTH		STREET ADDRESS	Edwina P.J. Steffer	
CITY-ST-ZIP	MINNEAPOLIS, MN 55401		CITY-ST-ZIP	20 Washington Avenue South Minneapolis, MN 55401	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Paula Cludray-Engelke		4/22/04 (612)342-3968	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	