

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829347

FILED
Apr 24, 2007
Secretary of State

Entity Name: SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

Current Principal Place of Business:

151 FARMINGTON AVE.
TN 41
HARTFORD, CT 061562000 US

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVE S
ROUTE 1261
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 06-0889923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: BARHORST, RONALD
Address: 4225 EXECUTIVE SQUARE, SUITE 270
City-St-Zip: LA JOLLA, CA 92037 US

Title: D () Delete
Name: STAMM, SUSAN J
Address: 151 FARMINGTON AVENUE
City-St-Zip: HARTFORD, CT 06156

Title: VPT () Delete
Name: PENDERGRASS, DAVID
Address: 5780 POWERS FERRY ROAD
City-St-Zip: ATLANTA, GA 30327

Title: S () Delete
Name: BENNER, JOY
Address: 20 WASHINGTON AVE S
City-St-Zip: MINNEAPOLIS, MN 55401

Title: VOD () Delete
Name: LINNEY, DAVID J
Address: 2900 N. LOOP W., STE 180
City-St-Zip: HOUSTON, TX 77092

Title: AS () Delete
Name: STEFFER, EDWINA PJ
Address: 20 WASHINGTON AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LINNEY, DAVID J
Address: 2900 N. LOOP W., STE 180
City-St-Zip: HOUSTON, TX 77092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOY M BENNER

S

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date