

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829347

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

**Current Principal Place of Business:**

ONE ORANGE WAY  
WINDSOR, CT 06095 US

**New Principal Place of Business:**

**Current Mailing Address:**

20 WASHINGTON AVE S  
ROUTE 1226  
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:** P/D  
**Name:** BARHORST, RONALD  
**Address:** ONE ORANGE WAY  
**City-St-Zip:** WINDSOR, CT 06095 US

**Title:** SVP  
**Name:** COMBS, BOYD G  
**Address:** 5780 POWERS FERRY RD. NW  
**City-St-Zip:** ATLANTA, GA 30327

**Title:** VP/T  
**Name:** PENDERGRASS, DAVID  
**Address:** 5780 POWERS FERRY ROAD  
**City-St-Zip:** ATLANTA, GA 30327

**Title:** S  
**Name:** BENNER, JOY M  
**Address:** 20 WASHINGTON AVE S  
**City-St-Zip:** MINNEAPOLIS, MN 55401

**Title:** VP/D  
**Name:** LINNEY, DAVID J  
**Address:** 2900 N. LOOP W., STE 180  
**City-St-Zip:** HOUSTON, TX 77092

**Title:** AS  
**Name:** O'DONNELL, MELISSA  
**Address:** 20 WASHINGTON AVE. SOUTH  
**City-St-Zip:** MINNEAPOLIS, MN 55401

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: MELISSA O'DONNELL

AS

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date