

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829347

FILED
Mar 21, 2012
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

OFFICERS AND DIRECTORS:

Title: P/D
Name: BARHORST, RONALD
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095 US

Title: DVP
Name: KELSEY, DAVID
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

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

Title: S
Name: HUDDLESTON, MEGAN
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

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

Title: AS
Name: NELSON, TINA
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: TINA NELSON

AS

03/21/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date