

F00000003439

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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\*RE-SUBMIT\*

To:

Division of Corporations  
Fax Number : (850) 617-6380

Please retain original filing  
date of submission 1/21

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
HEALTH FITNESS CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	08 6
Estimated Charge	\$35.00

C.COULLIETTE

JAN 31 2011

EXAMINER

## COVER LETTER

**TO: Amendment Section  
Division of Corporations**

**SUBJECT:** HEALTH FITNESS CORPORATION  
Name of Corporation

DOCUMENT NUMBER: F00000003439

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Paula Bures  
Name of Contact Person

Trustmark Insurance Company  
Firm/Company

400 Field Drive  
Address

**Lake Forest, IL 60045**  
**City/State and Zip Code**

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Name of Contact Person \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (8/05)



January 27, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HEALTH FITNESS CORPORATION  
1650 W 82ND ST  
SUITE 1100  
MINNEAPOLIS, MN 55431

SUBJECT: HEALTH FITNESS CORPORATION  
REF: F00000003439

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You need to show your address on #2 of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

FAX Aud. #: H11000022923  
Letter Number: 411A00002340

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 1/27

RECEIVED  
00 8:00  
JAN 31 11 AM  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Minnesota  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEALTH FITNESS CORPORATION
2. The principal office address: 400 Field Drive, Lake Forest, IL 60546
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/16/2000 Document number: F00000003439
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DR. Suite 4

WESTON FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Mary Beth Stallings  
Signature of an officer or director

Secretary, Mary Beth Stallings

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.

By: C T Corporation System  
Ashley Pipes  
Signature of Registered Agent

1/26/11  
Date

If signing on behalf of an entity:

Assistant Secretary  
Ashley Pipes

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CK2ED45 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN 27 AM 10:01

**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** Trustmark Insurance Company and its affiliated and subsidiary companies (as shown on Schedule A attached hereto, (collectively "Trustmark"), an Illinois corporation incorporated under the laws of the state of (Illinois), does hereby appoint Kristine Heiberger and Mary Beth Stallings, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for Trustmark to act for Trustmark and in Trustmark's name for the limited purposes authorized herein.

Trustmark and the affiliated and subsidiary entities listed in Schedule A, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change Trustmark and the affiliated and subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by Trustmark. The attorney-in-fact will not make such changes without the prior approval of Trustmark.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Kristine Heiberger and Mary Beth Stallings shall exercise the power of Vice President, Secretary and/or Manager.

This Power of Attorney expires when revoked by the undersigned

29 **IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this day of January, 2010.

Trustmark Insurance Company

By: 

Name: Frank L. Lettera

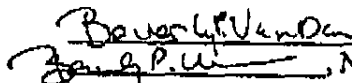
Title: Vice President & Associate General Counsel

State of Illinois

County of Lake

On Jan 29, 2010, before me, the undersigned, a Notary Public in and for said State, personally appeared Frank L. Lettera, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me he executed the same in his authorized capacity (ies), and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal.

  
Beverly P. Vandan, Notary Public

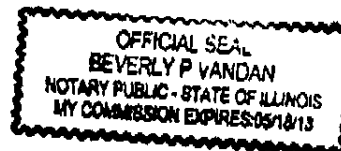


Exhibit A

Health Fitness Corporation  
Trustmark Insurance Company  
Trustmark Life Insurance Company  
Trustmark Voluntary Benefits, Inc.  
Coresource, Inc.  
NGS American, Inc.  
Star Marketing and Administration, Inc.  
National Worksite Benefits, Inc.  
National Worksite Benefits, LLC  
Trustmark Services Company  
TRUSTCO HOLDINGS INC.  
Trustmark Insurance Group, Inc.  
Trustmark Group, Inc.  
MULTIBENEFIT SERVICES, INC.