2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90046 015 ***150.00

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1. Entity Name
FISERV HEALTH PLAN ADMINISTRATORS, INC.

40097314

Principal Place of Business	Mailing Address
115 WEST WAUSAU AVENUE WAUSAU, WI 54401	P.O. BOX 8076 WAUSAU, WI 54402-8076

04182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	5500 Wayzata Blvd. Suite, Apt. #, etc. 500
City & State	City & State Golden Valley, MN
Zip / Country	Zip / Country 55416 / USA

4. FEI Number 39-1995276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, ALFRED P 5500 MAYZATA BLVD., SUITE 500 GOLDEN VALLEY, MN 55416	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	General Counsel/Secretary Paul Buchberger 11 Scott Street #100 Wausau, WI 54403	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCE ANLIKER, JAY M 11 SCOTT STREET, SUITE 100 WAUSAU, WI 54403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP & Asst. Secretary Julia Jensen 255 Fiserv Drive Brookfield, WI 54403	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HERMEL, OREN 11 SCOTT STREET, STE 100 WAUSAU, WI 54403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Kevin Klopfenstein 5500 Wayzata Blvd., Ste 500 Golden Valley, MN 55416	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCFO CZECH, BRUCE 11 SCOTT STREET, SUITE 100 WAUSAU, WI 54403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SJOBECK, JEFFREY J 5500 WAYZATA BLVD., SUITE 500 GOLDEN VALLEY, MN 55416	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TROYER, BRYAN 11 SCOTT STREET, SUITE 100 WAUSAU, WI 54403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Kevin Klopfenstein 4/23/2007 (763)549-3383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #