## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000003464

Entity Name: FISERV HEALTH PLAN ADMINISTRATORS, INC

FILED Mar 26, 2008 Secretary of State

LIMITY NAME: FISERV FIEAETH FLAN ADMINISTRATORS, INC.						
Current Principal Place of Business:			New Prince	ipal Place of Business:		
115 WEST WAUSAU,	WAUSAU AV WI 54401	ENUE				
Current Mailing Address:			New Maili	ng Address:		
5500 WAYZATA BLVD.						
500 GOLDEN VALLEY, MN 55416						
	: 39-1995276	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )		
		,				
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
1200 SOU	PORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD				
	named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GCS () BUCHBERGER 11 SCOTT STR WAUSAU, WI 5	EET #100	Title: Name: Address: City-St-Zip:	PRES (X) Change ( ) Addition ANLIKER, JAY M 11 SCOTT STREET #100 WAUSAU, WI 54403		
Title: Name: Address: City-St-Zip:	ANLIKER, JAY I	EET, SUITE 100	Title: Name: Address: City-St-Zip:	TREA (X) Change ( ) Addition OBERRENDER, ROBERT W 9900 BREN ROAD EAST MINNETONKA, MN 55343		
Title: Name: Address: City-St-Zip:	KLOPFENSTEI	BLVD., STE 500	Title: Name: Address: City-St-Zip:	SECR (X) Change ( ) Addition BURKE, FORREST G 5901 LINCOLN DRIVE EDINA, MN 55436		
Title: Name: Address: City-St-Zip:	CZECH, BRUCE	EET, SUITE 100	Title: Name: Address: City-St-Zip:	ASEC (X) Change ( ) Addition LUIS, JUANITA B 99 BREN ROAD EAST MINNETONKA, MN 55343		
Title: Name: Address:	SJOBECK, JEF	Delete FREY J BLVD., SUITE 500	Title: Name: Address:	DIR (X) Change ( ) Addition ANLIKER, JAY M 11 SCOTT STREET		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WAUSAU, WI 54403

BURDICK, KENNETH A

5901 LINCOLN DRIVE

EDINA, MN 55436

(X) Change ( ) Addition

SIGNATURE: JUANITA B LUIS ASEC 03/26/2008

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

GOLDEN VALLEY, MN 55416

() Delete

**VPAS** 

JENSEN, JULIA

255 FISERV DRIVE

BROOKFIELD, WI 54403