

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000004177**1. Entity Name
**BENEFIT ADMINISTRATIVE SERVICES INTERNATIONAL CORPORAT
ION**

Principal Place of Business

10528 SHAVER ROAD

PORTAGE
45024

MI

Mailing Address

10528 SHAVER ROAD

PORTAGE
45024

MI

2. Principal Place of Business

10528 SHAVER ROAD

3. Mailing Address

10528 SHAVER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORTAGE

MI

City & State

PORTAGE

MI

Zip
49024

Country

Zip
49024

Country

4. FEI Number

38-2883561

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUETALLAHASSEE
32301

US

FL

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/15/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CD	☐ Delete
NAME	STODDARD MICHAEL	
STREET ADDRESS	9710 WOODLAWN	
CITY-ST-ZIP	PORTAGE MI 49002	
TITLE	COO	☐ Delete
NAME	STODDARD MICHAEL	
STREET ADDRESS	9710 WOODLAWN	
CITY-ST-ZIP	PORTAGE MI 49002	
TITLE	PCD	☐ Delete
NAME	TEUTSCH FREDRICK	
STREET ADDRESS	9370 ALIDOR	
CITY-ST-ZIP	SCHOOLCRAFT MI 47087	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Stoddard

COO

01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)