
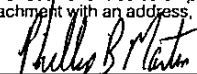


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90094 033 \*\*\*150.00

<b>DOCUMENT # F00000005799</b> 1. Entity Name <b>HARRINGTON BENEFIT SERVICES, INC.</b>					
Principal Place of Business <b>675 BROOKSEGE BLVD WESTERVILLE, OH 43081</b>			Mailing Address <b>6160 SUMMIT DRIVE SUITE 500 BROOKLYN CENTER, MN 55430</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>41-1982309</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SJOBECK, JEFFREY J 6160 SUMMIT DR STE 500 BROOKLYN CENTER, MN 55430 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Sjobeck, Jeffrey J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6160 Summit Dr., Ste. 500 Brooklyn Center, MN 55430	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, JEFFREY D 675 BROOKSEGE BLVD WESTERVILLE, OH 43081 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV THOMPSON, ANDREW 600 COLONIAL CENTER PKWY LAKE MARY, FL 32746 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thompson, Andrew <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 Colonial Center Pkwy Lake Mary, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MOORE, TERRY 675 BROOKSEGE PKWY WESTERVILLE, OH 43081 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Moore, Terry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 675 Brooksedge Blvd. Westerville, OH 43081	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLEY, SHANE <input checked="" type="checkbox"/> Delete 6160 SUMMIT DRIVE, SUITE 500 BROOKLYN CENTER, MN 55430		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Troyer, Bryan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11 Scott St., Ste. 100 Wausau, WI 54403	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Martin, Phillip <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6160 Summit Drive, Ste. 500 Brooklyn Center, MN 55430	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Assistant Phillip B. Martin, Secretary (763)549-3358		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		