

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90164 019 ***150.00

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01062006 Chg-P CR2E034 (11/05)

DOCUMENT # F00000005799 1. Entity Name HARRINGTON BENEFIT SERVICES, INC.					
Principal Place of Business 675 BROOKSEGE BLVD WESTERVILLE, OH 43081			Mailing Address 5500 WAYZATA BLVD., SUITE 500 THE COLONNADE BLDG., ATTN: SHERRI HOPPE GOLDEN VALLEY, MN 55416		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 41-1982309	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VS SJOBECK, JEFFREY J 6160 SUMMIT DR STE 500 BROOKLYN CENTER, MN 55430	<input type="checkbox"/> Delete			
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	V THOMPSON, ANDREW 600 COLONIAL CENTER PKWY LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MOORE, TERRY 675 BROOKSEGE BLVD WESTERVILLE, OH 43081	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TROYER, BRYAN 11 SCOTT ST STE 100 WAUSAU, WI 54403	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARTIN, PHILLIP 6160 SUMMIT DR STE 500 BROOKLYN CENTER, MN 55430	<input type="checkbox"/> Delete			
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: <u>Phillip Martin</u> , Phillip Martin Date: <u>4/27/06</u> (763) 549-3366		