

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90277 011 ***150.00

DOCUMENT # F01000000875

1. Entity Name
PLAN BENEFIT SERVICES, INC.



Principal Place of Business
**11130 JOLLYVILLE RD. STE 400
AUSTIN TX 78759**

Mailing Address
**11130 JOLLYVILLE RD. STE 400
AUSTIN TX 78759**

2. Principal Place of Business
11910 FM 2769

3. Mailing Address
11910 FM 2769

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
AUSTIN, TEXAS

City & State
AUSTIN, TEXAS

4. FEI Number **74-2619989**

Applied For
Not Applicable

Zip Country
78726 TRAVIS

Zip Country
78726 TRAVIS

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	P	<input type="checkbox"/> Delete
NAME	ROGERS, MICHAEL J	
STREET ADDRESS	11130 JOLLYVILLE RD, STE 400	
CITY-ST-ZIP	AUSTIN TX	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GOODWIN, CARLA	
STREET ADDRESS	11130 JOLLYVILLE RD, STE 400	
CITY-ST-ZIP	AUSTIN TX	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WEST, TRAVIS I	
STREET ADDRESS	11130 JOLLYVILLE RD, STE 400	
CITY-ST-ZIP	AUSTIN TX	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCANN, TERENCE L	
STREET ADDRESS	11130 JOLLYVILLE RD, STE 400	
CITY-ST-ZIP	AUSTIN TX	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	WEST, LARRY A	
STREET ADDRESS	11130 JOLLYVILLE RD, STE 400	
CITY-ST-ZIP	AUSTIN TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11910 FM 2769	
STREET ADDRESS	Austin, TX 78726	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11910 FM 2769	
STREET ADDRESS	Austin, TX 78726	
CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11910 FM 2769	
STREET ADDRESS	Austin, TX 78726	
CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

TRAVIS WEST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/03 (512) 349-4760

CR2E034 (10/02)