

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000003693

FILED
Jan 20, 2003
Secretary of State

Entity Name: EXECUTIVE BENEFIT SERVICES, INC.

Current Principal Place of Business:

454 FAYETTEVILLE STREET
SUITE 1160
RALEIGH, NC 27601

New Principal Place of Business:

Current Mailing Address:

711 HIGH STREET
DES MOINES, IA 503920306

New Mailing Address:

FEI Number: 56-1767012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CURRAN, MICHAEL G
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: VS () Delete
Name: HOFFMAN, JOYCE N
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: V () Delete
Name: LAVERICK, BLAINE W
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: V () Delete
Name: DORTON, GARY
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: AS () Delete
Name: BARRY, PATRICIA A
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

Title: TD () Delete
Name: SLEPICKA, ROBERT A
Address: 711 HIGH STREET
City-St-Zip: DES MOINES, IA 50392

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: PATRICIA A. BARRY

AS

01/20/2003

Electronic Signature of Signing Officer or Director

Date