

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000339

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: BENEFIT RECOVERY SPECIALISTS, INC.

## Current Principal Place of Business:

340 MAGNOLIA AVE, BLDG 1467  
TYNDALL AFB, FL 32403

## New Principal Place of Business:

## Current Mailing Address:

1111 NORTH LOOP WEST, SUITE 1000  
HOUSTON, TX 77008

## New Mailing Address:

1111 NORTH LOOP WEST  
SUITE 1000  
HOUSTON, TX 77008

FEI Number: 76-0380233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAROCHE, DELIA  
340 MAGNOLIA AVE, BLDG 1467  
TYNDALL AFB, FL 32403 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: PRES ( ) Delete  
Name: STEGMAN, ANTHONY J  
Address: 1111 N. LOOP WEST, STE 1000  
City-St-Zip: HOUSTON, TX 77008

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: STEGMAN, ANTHONY J  
Address: 1111 N. LOOP WEST, STE 1000  
City-St-Zip: HOUSTON, TX 77008

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANTHONY J. STEGMAN

CEO

04/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date