

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001168

FILED  
Jun 16, 2010  
Secretary of State

**Entity Name:** DENTAL BENEFIT PROVIDERS, INC.

**Current Principal Place of Business:**

LIBERTY 6, SUITE 200  
6220 OLD DOBBIN LN.  
COLUMBIA, MD 21045

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1459  
MN012-S117  
MINNEAPOLIS, MN 554401459

**New Mailing Address:**

12018 SUNRISE VALLEY DR, 4TH FLOOR  
VA 060-1000  
RESTON, VA 20191

**FEI Number:** 41-2014834

**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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: SOUZA, DIANE D  
Address: 6300 OLSON MEMORIAL HIGHWAY  
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: S  
Name: RYAN, TIMOTHY F  
Address: 6300 OLSON MEMORIAL HWY  
City-St-Zip: GOLDEN VALLEY MN, MN 55427

Title: P  
Name: KLISTER, STEVEN .  
Address: LIBERTY 6, SUITE 200 6220 OLD DOBBIN LN.  
City-St-Zip: COLUMBIA, MD 21045

Title: T  
Name: OBERRENDER, ROBERT W  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: DIR  
Name: EMERSON, PAUL  
Address: 6300 OLSON MEMORIAL HWY  
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: ASST  
Name: HUNTLEY DILL, MICHELLE  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE HUNTLEY DILL

ASST

06/16/2010

Electronic Signature of Signing Officer or Director

Date