

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90067 024 \*\*\*150.00

<b>DOCUMENT # F04000003637</b> 1. Entity Name <b>EBC BENEFITS ADMINISTRATION CORPORATION</b>					
Principal Place of Business <b>1350 DEMING WAY, STE 200 MIDDLETON, WI 53562</b>			Mailing Address <b>PO BOX 443347 MADISON, WI 53744-4347</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40074503</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>04112007</span> <span>Chg-P</span> <span>CR2E034 (12/06)</span> </div>	
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>39-2044064</b> <div style="float: right; border: 1px solid black; padding: 2px; font-size: 0.7em;">         Applied For  <input type="checkbox"/> Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERRIGES, WILLIAM A 3337 VALLEYTT SPRING ROAD MOUNT HOREB, WI 53572 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SUPPLE, SUSAN J 1350 DEMING WAY, STE 200 MIDDLETON, WI 53562 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WICKER, JOHN J 1350 DEMING WAY, STE 200 MIDDLETON, WI 53562 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS WELLING, JEAN M 1350 DEMING WAY, STE 200 MIDDLETON, WI 53562 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ALEXANDER, SHELLY 1350 DEMING WAY, SUITE 200 MIDDLETON, WI 53562 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LENBURG, ROBERT 7306 CEDAR CREEK TRAIL MADISON, WI 53717 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Shelly Alexander</i> <b>Shelly Alexander</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/13/07      608.831.8445 <small>Date      Daytime Phone #</small>	

# ATTACHMENT

**Employee  
Benefits  
Corporation**

Web Address:	U.S. Mail:	Phone:	Fax:
www.ebcflex.com	Employee Benefits Corporation	Monday - Friday, 8:00 - 5:00 CST	608 831 1159
	PO Box 44347	608 831 8445	608 831 4790
	Madison WI 53744-4347	800 346 2126	

40074503  
#FC4000003637

**OFFICER AND DIRECTORS**  
**Additional Officer and Director**

**Marti R. Smith**

CFO and Vice President of Finance  
Treasurer (for Board of Directors)  
1350 Deming Way, Suite 200  
Middleton, WI 53562

**John F. Udelhofen**

Board Director  
8001 University Avenue  
Middleton, WI 53562  
Phone: (608) 831-2344