

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003637

FILED
Apr 28, 2009
Secretary of State

Entity Name: EBC BENEFITS ADMINISTRATION CORPORATION

Current Principal Place of Business:

1350 DEMING WAY, STE 200
MIDDLETON, WI 53562

New Principal Place of Business:

Current Mailing Address:

PO BOX 44347
MADISON, WI 537444347

New Mailing Address:

PO BOX 44347
MADISON, WI 53744

FEI Number: 39-2044064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: T () Delete
Name: SMITH, MARTI R
Address: 1350 DEMING WAY, STE 200
City-St-Zip: MIDDLETON, WI 53562

Title: DVP () Delete
Name: SUPPLE, SUSAN J
Address: 1350 DEMING WAY, STE 200
City-St-Zip: MIDDLETON, WI 53562

Title: DVP () Delete
Name: WICKER, JOHN J
Address: 1350 DEMING WAY, STE 200
City-St-Zip: MIDDLETON, WI 53562

Title: VPS () Delete
Name: WELLING, JEAN M
Address: 1350 DEMING WAY, STE 200
City-St-Zip: MIDDLETON, WI 53562

Title: CP () Delete
Name: ALEXANDER, SHELLY
Address: 1350 DEMING WAY, SUITE 200
City-St-Zip: MIDDLETON, WI 53562

Title: D () Delete
Name: LENBURG, ROBERT
Address: 7306 CEDAR CREEK TRAIL
City-St-Zip: MADISON, WI 53717

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 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: SHELLY ALEXANDER

CP

04/28/2009

Electronic Signature of Signing Officer or Director

Date