

F04000003637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100215226841

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 DEC 27 AM 10:47
NOT RETURNED
TO AGENCY OF
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 DEC 27 AM 11:31

R.A. Chp.
C.COULLIETTE
DEC 27 2011
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 037171 7862060

AUTHORIZATION :

COST LIMIT

\$ 35.00

Spence

ORDER DATE : December 22, 2011

ORDER TIME : 9:54 AM

ORDER NO. : 037171-009

CUSTOMER NO: 7862060

CHANGE OF AGENT

NAME: EMPLOYEE BENEFITS CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EBC BENEFITS ADMINISTRATION CORPORATION
2. The principal office address: 1350 Deming Way, Suite 300, Middleton WI 53562
3. The mailing address (if different): PO Box 44347 Madison WI 53744
4. Date of incorporation/qualification: 06/25/2004 Document number: F04000003637
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services Inc.

515 E. Park Avenue

Tallahassee FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maureen Cathell
(Signature of an officer or director)

Maureen Cathell, Vice President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Sylvia Queppet

(Signature of Registered Agent)

December 21, 2011

(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. Vice President

(Typed or Printed Name)

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 27 AM 11:31