

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000003637**

1. Entity Name  
**PREFERRED BENEFITS ADMINISTRATOR, INC.**



Principal Place of Business  
**8535 E. 21ST STREET N  
WICHITA, KS 67206**

Mailing Address  
**8535 E. 21ST STREET N  
WICHITA, KS 67206**



04302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1665698**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000949627  
06/08/08-80035-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	JOHN VINTON LENTELL
STREET ADDRESS	105 N. MAIN
CITY-ST-ZIP	WICHITA, KS 67202
TITLE	D
NAME	WITT, BRUCE
STREET ADDRESS	8535 E 21ST STREET NORTH
CITY-ST-ZIP	WICHITA, KS 67206
TITLE	VC
NAME	CONLIN, KEVIN PATRICK
STREET ADDRESS	3720 E. BAYLEY
CITY-ST-ZIP	WICHITA, KS 67218
TITLE	P
NAME	MARLON ROYCE DAUNER
STREET ADDRESS	8535 E 21ST STREET NORTH
CITY-ST-ZIP	WICHITA, KS 67206
TITLE	S
NAME	KASITZ, TODD RENE
STREET ADDRESS	8535 E 21ST STREET NORTH
CITY-ST-ZIP	WICHITA, KS 67206
TITLE	T
NAME	BRADLEY JAY CLOTHIER
STREET ADDRESS	8535 E 21ST STREET NORTH
CITY-ST-ZIP	WICHITA, KS 67206

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Todd Kasitz*

Date

*4/30/08*

Daytime Phone #

*316-609-2515*