F08000003727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amd & Restated
12-1-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Contractors Employee Benefits Administration, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F08000003727

The enclosed ***Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandy Coach
(Name of Contact Person)

Contractors Employee Benefits Administration, Inc.
(Firm/Company)

6300 Bridgepoint Parkway, Bldg. 3 Suite 500
(Address)

Austin, TX 78730
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandy Coach at (512) 652-7545
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- [x] $35.00 Filing Fee
- [ ] $43.75 Filing Fee & Certificate of Status
- [ ] $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- [ ] $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E127 (8/08)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
   Contractors Employee Benefits Administration, Inc.
2. This entity was authorized to transact business in Florida on 8-25-08 and its Florida document number is F08000003727.
3. This corporation was formed under the laws of Delaware.
4. The name and address of each officer and/or director is as follows:

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TALLAHASSEE, FLORIDA

Title:	Name and Address
President	Mary Catherine (Reni) Sakos 6300 Bridgepoint Parkway Austin, TX 78730
Exec. Vice President	Glenn Sue Cline 6300 Bridgepoint Parkway Austin, TX 78730
VP of Implementation	Patrick David Hagan 6300 Bridgepoint Parkway Austin, TX 78730
VP of Finance/Treasurer	Kathleen Sue Sullivan 6300 Bridgepoint Parkway Austin, TX 78730

(Attach additional pages if necessary)

Kristin K. Goodale
Signature of an officer or director

Secretary
Title of person signing

Kristin K. Goodale
Typed or printed name of person signing

FILING FEE $35
Make checks payable to Florida Department of State and Mail to:
Division of Coporations•PO Box 6327•Tallahassee, FL 32314

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Addn'l Officers of
Contractors Employee Benefits Administration, Inc.

Kristin Diane Goodale Secretary