

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003882

FILED
Mar 29, 2011
Secretary of State

Entity Name: AMERICAN BENEFIT PLAN ADMINISTRATORS, INC.

Current Principal Place of Business:

1325 N GRAND AVE
COVINA, CA 91724

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL DEPT
3501 FRONTAGE RD
TAMPA, FL 33607

New Mailing Address:

FEI Number: 95-1702986 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PSD
Name: BAK, JEFFERY W
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: CEO
Name: BAK, JEFFERY W
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: VPT
Name: SCHULTZ, ARTHUR T
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: V
Name: FISHER, GREGORY C
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: D
Name: COSLER, STEVEN D
Address: 333 W WACKER DR, SUITE 1620
City-St-Zip: CHICAGO, IL 60606

Title: D
Name: VILLERS, NED H
Address: 333 W WACKER DR, SUITE 1620
City-St-Zip: CHICAGO, IL 60606

I hereby 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 all other like empowered.

SIGNATURE: JEFFERY W. BAK

CEO

03/29/2011

Electronic Signature of Signing Officer or Director

Date