

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jandra B. Maynard  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY 11 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F25640** (6)

1. Corporation Name  
**SELF FUNDING ADMINISTRATORS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **14440 MYERLAKE CIR.  
CLEARWATER FL 34620  
US**  
Mailing Address: **CORESOURCE, INC  
630 DUNDEE RD SUITE 340  
NORTHBROOK IL 60062  
US**

3. Date Incorporated or Qualified: **03/17/1981**  
3a. Date of Last Report: **04/27/1994**  
4. FEI Number: **59-2077885**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.03, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
22. Suite, Apt. # etc.: **27**  
23. City & State: **28**  
24. **25** **29** **30**

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301**

10. Name and Address of Now Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City, **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.013 and 607.014, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.013, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

OFFICE	<b>SVP</b>
NAME	<b>PARKER, DAN L</b>
STREET ADDRESS	<b>3308 DORAL DR.</b>
CITY, ST, ZIP	<b>LITTLE ROCK AR</b>
OFFICE	<b>COBD</b>
NAME	<b>MILLER, BRUCE L</b>
STREET ADDRESS	<b>340 WHITE OAK LN.</b>
CITY, ST, ZIP	<b>WINNETKA IL</b>
OFFICE	<b>TAS</b>
NAME	<b>SMITH, RICHARD M</b>
STREET ADDRESS	<b>750 S. MALLARD</b>
CITY, ST, ZIP	<b>PALATINE IL</b>
OFFICE	<b>D</b>
NAME	<b>DUFF, JAMES W</b>
STREET ADDRESS	<b>1 ELSMIEGH</b>
CITY, ST, ZIP	<b>GROSSE POINTE MI</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1. STREET ADDRESS	
CITY, ST, ZIP	1. CITY, ST, ZIP	
OFFICE	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2. STREET ADDRESS	<b>No Longer Employed</b>
CITY, ST, ZIP	2. CITY, ST, ZIP	
OFFICE	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3. STREET ADDRESS	<b>No Longer Employed</b>
CITY, ST, ZIP	3. CITY, ST, ZIP	
OFFICE	4. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4. STREET ADDRESS	<b>CEO &amp; President</b>
CITY, ST, ZIP	4. CITY, ST, ZIP	
OFFICE	5. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5. STREET ADDRESS	<b>VP</b>
CITY, ST, ZIP	5. CITY, ST, ZIP	<b>Mark W. Schmidt 15 Red Oak Lane Highland Park, IL 60035</b>
OFFICE	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6. STREET ADDRESS	
CITY, ST, ZIP	6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 3.11(3)(b), Florida Statutes. I further certify that the information included in the annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing in accordance with an address.

**Mark W. Schmidt (708)559.2430**

SIGNATURE: *Mark W. Schmidt* President & Controller/Assist. Secretary 5/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR