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**Apr 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F25640 (6)
1. Corporation Name
SELF FUNDING ADMINISTRATORS, INC.



Principal Place of Business: **14440 MYERLAKE CIR. CLEARWATER FL 34620 US**

Mailing Address: **CORESOURCE, INC 630 DUNDEE RD SUITE 340 NORTHBROOK IL 60062-2751 US**

3. Date Incorporated or Qualified: **03/17/1981**

3a. Date of Last Report: **02/09/1996**

4. FEI Number: **59-2077885**

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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

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 New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, DAN L	
STREET ADDRESS	3308 DORAL DR.	
CITY, ST, ZIP	LITTLE ROCK AR	
TITLE	VP, DIRECTOR	<input type="checkbox"/> DELETE
NAME	SCHMIDT, MARK W	
STREET ADDRESS	15 RED OAK LANE	
CITY, ST, ZIP	HIGHLAND PARK IL	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JAMES W. DUFF	<input checked="" type="checkbox"/> ADD
STREET ADDRESS	1 ELMSCREIGHT	
CITY, ST, ZIP	GROSS POINT, MI	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JAMES D. LONG	<input checked="" type="checkbox"/> ADD
STREET ADDRESS	1824 W. LINCOLN PK. WEST	
CITY, ST, ZIP	CHICAGO IL 60623	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CONTROLLER SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DAVID BERESMAN	
13 STREET ADDRESS	245 COTTONWOOD	
14 CITY-ST-ZIP	ELK GROVE IL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 receiver 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 if changed, or on an attachment with an address.

SIGNATURE: *Paul Berg* 3/28/97 (847) 559 8321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)