

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1981

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

400 Field Drive

27

Suite, Apt. #, etc.

28

Lake Forest, IL

29

Zip

Country

30

USA

4. FEI Number

59-2077885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New 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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CVP	<input type="checkbox"/> DELETE
NAME	BERGMAN, DAVID	
STREET ADDRESS	245 COTTONWOOD	
CITY-ST-ZIP	ELK GROVE IL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	SCHMIDT, MARK W	
STREET ADDRESS	15 RED OAK LANE	
CITY-ST-ZIP	HIGHLAND PARK IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUFF, JAMES W	
STREET ADDRESS	1 ELMS LEIGH	
CITY-ST-ZIP	GROSS POINTE MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LONG, JAMES D	
STREET ADDRESS	1824 W LINCOLN PK WEST	
CITY-ST-ZIP	CHICAGO IL	
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

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bergman, David	
1.3 STREET ADDRESS	6 Garage	
1.4 CITY-ST-ZIP	Elk Grove, IL	
2.1 TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-98

847-615-1500

Date

Daytime Phone #

0603012

CR2E034 (10/97)