

F9300000724

**LEININGER**  
& ASSOCIATES LTD.

Patricia Buckman  
PARALEGAL

May 7, 1997

700002232297--1  
-07/08/97--01019--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed for filing, please find the Statement of Change of Registered Agent. Please make the necessary changes.

If you have any questions, please call.

Sincerely,

*Tricia Buckman*  
Tricia Buckman

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUN 20 AM 9:01

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FILING 35  
R. AGENT         
CERT. COPY         
CUS         
OVERPAYMENT         
TOTAL 35



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

June 10, 1997

Ms. Tricia Buckman  
Leininger & Associates Ltd.  
1820 East Old Shakopee Rd.  
Bloomington, MN 55425

SUBJECT: CENTRA BENEFIT SERVICES, INC.  
Ref. Number: F93000000724

We have received your document for CENTRA BENEFIT SERVICES, INC. .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

Per my phone conversation with your office on May 9, 1997, a check for \$35 was  
to have been forwarded to cover the filing of the change of registered agent. I am  
returning this document as I have not received the filing fee.

If you have any questions concerning this matter, please either respond in writing  
or call (904) 487-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 397A00031198



**LEININGER**  
& ASSOCIATES LTD.

**Patricia Buckman**  
PARALEGAL

June 16, 1997

Susan Payne  
Senior Section Administrator  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Susan:

Enclosed for filing, please find the Statement of Change of Registered Agent and a check in the amount of \$35.00 to cover the filing fee. Please make the necessary change.

If you have any questions, please call.

Sincerely,

*Tricia Buckman*  
Tricia Buckman

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Minnesota submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Centra Benefit Services, Inc.

2. The mailing address of the corporation is: 1255 W. 15th St. #1000  
Plano, Texas 75075

3. Date of incorporation/qualification: 03/08/97 Document number: \_\_\_\_\_

4. The name and address of the current registered agent and office:

Insurance Commissioner  
The Capitol  
Tallahassee, FL 32399-0300

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

CT Corporation System  
c/o CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
91 JUN 20 AM 9:01

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] May 2, 1997  
(Signature of an officer, chairman or vice chairman of the board) (Date)

Jon K. Lineweaver, Chairman  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] April 29, 1997  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Susan J. Wanner Assistant Vice President  
(Typed or Printed Name) (Capacity)