

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

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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000724 (5)

1 Corporation Name
CENTRA BENEFIT SERVICES, INC.

Principal Place of Business

1255 W 15TH ST
STE 1000
PLANO TX 75075
US

Mailing Address

LEININGER & ASSOCIATES
7800 INTERNATIONAL DR. STE 158
BLOOMINGTON MN 55425-1574
US

3. Date Incorporated or Qualified
03/08/1993

3a. Date of Last Report
03/14/1996

2 Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address Leininger & Associates

26 1820 E. Old Shakopee Rd

27 Suite, Apt. #, etc.

28 Bloomington, mn

29 Zip

30 Country

55425 USA

4. FEI Number
75-2436070

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. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LINEWEAVER, JON K
STREET ADDRESS 7416 COVENTRY WAY
CITY-STATE-ZIP EDINA MN

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME KAZEMINY, NASSER J
1.3 STREET ADDRESS 6800 Cheyenne Trail
1.4 CITY-STATE-ZIP Edina, mn 55439

TITLE SCD ☐ DELETE

NAME KAZEMINY, NASSER J
STREET ADDRESS 6800 CHEYENNE TRAIL
CITY-STATE-ZIP EDINA MN 55439

2.1 TITLE DST ☒ Change ☐ Addition

2.2 NAME HASS, DONALD
2.3 STREET ADDRESS 510 Alvarado Lane
2.4 CITY-STATE-ZIP Plymouth, mn

TITLE D ☐ DELETE

NAME HASS, DONALD
STREET ADDRESS 510 ALVARADO LANE
CITY-STATE-ZIP PLYMOUTH MN

3.1 TITLE DP ☐ Change ☒ Addition

3.2 NAME PAGE, CHARLES E.
3.3 STREET ADDRESS 16705 Village Lane
3.4 CITY-STATE-ZIP Dallas, TX 75248

TITLE PG ☒ DELETE

NAME VOLTMER, JOHN
STREET ADDRESS 5723 TWIN BROOKS DR.
CITY-STATE-ZIP DALLAS TX 75252

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME KAZEMINY, NADER C.
4.3 STREET ADDRESS 39 Greenway Gables
4.4 CITY-STATE-ZIP Minneapolis, MN 55403

TITLE TD ☒ DELETE

NAME MCGUIRE, JAMES
STREET ADDRESS 7420 COVENTRY WAY
CITY-STATE-ZIP EDINA MN 55439

5.1 TITLE V ☐ Change ☒ Addition

5.2 NAME BVNGER, GERALD E.
5.3 STREET ADDRESS 912 Hunters Glendrive
5.4 CITY-STATE-ZIP Mesquite, TX 75150

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME THOMAS DUBOWSKI
6.3 STREET ADDRESS 5001 SPRING VALLEY RD.
6.4 CITY-STATE-ZIP DALLAS, TEXAS 75244

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.

CR2E034 (9/96)



Patricia Buckman
PARALEGAL

February 13, 1997

Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Re: CENTRA Benefit Services, Inc.
Ref. Number: F93000000724

Dear Sir or Madam:

Enclosed please find the Profit Corporation Annual Report 1997 for Centra Benefit Services, Inc.

If you have any questions, please call (612) 881-0888.

sincerely,

Tricia Buckman
Tricia Buckman