FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F93000005062 (5)

1. Corporation Name

GRAPHIC ARTS BENEFITS NETWORK AGENCY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 45243 CINCINNATI OH 45243	P.O. BOX 45243 CINCINNATI OH 45243

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 11/09/1993
3a. Date of Last Report: 04/21/1995
4. FEI Number: 31-1368852 ☐ 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

BYERS, KENNETH V
1 DATRAN CENTER, SUITE 325
9100 SOUTH DADELAND BLVD
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: ~~Hem~~ Byers, Kenneth V
82 Street Address (P.O. Box Number is Not Acceptable): 6250 Hazeltine National Drive, Ste 114
83
84 City: Orlando FL 85 Zip Code: 32822

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] — (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	PC	☐ DELETE
NAME	BYERS, KENNETH V	
STREET ADDRESS	9100 SOUTH DADELAND BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	☐ DELETE
NAME	LEE, JULIA	
STREET ADDRESS	8044 MONTGOMERY ROAD, STE 272	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VD	☑ DELETE
NAME	EVANS, GAIL	
STREET ADDRESS	8044 MONTGOMERY ROAD, STE 272	
CITY-ST-ZIP	CINCINNATI OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	☐ Change ☑ Addition
3.2 NAME	Manning, Steven L	
3.3 STREET ADDRESS	8044 Montgomery Rd, STE 272	
3.4 CITY-ST-ZIP	Cincinnati OH	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)