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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
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DOCUMENT # F93000005726 (5)

1. Corporation Name
USA CORPORATE BENEFIT PLANS AGENCY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 17407 CLEARWATER FL 34622-0407	P.O. BOX 17407 CLEARWATER FL 34622-0407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1993
3a. Date of Last Report: 06/28/1994
4. FEI Number: 34-1640063 — 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

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 ____

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOLOGNA, LOU R 13825 ICOT BLVD. SUITE 601 CLEARWATER FL 34620	81 Name: Linda C. Henegar 82 Street Address (P.O. Box Number is Not Acceptable): 150 Second Ave., North, Suite 500 83 84 City: St. Petersburg, FL — FL 85 Zip Code: 33701

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: *Linda C. Henegar* (signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) — DATE: *3-24-95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 1 TITLE	President & Treasurer	☒ Change ☐ Addition
NAME	BOLOGNA, LOU R	1 2 NAME	Frank C. Plas	
STREET ADDRESS	13825 ICOT BLVD.	1 3 STREET ADDRESS	379 Fan Palm Court NE	
CITY-ST-ZIP	CLEARWATER FL 34620	1 4 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	STD	2 1 TITLE	Secretary	☒ Change ☐ Addition
NAME	BOLOGNA, ELAINE T	2 2 NAME	Linda C. Henegar	
STREET ADDRESS	1005 ROBINWOOD HILLS DR.	2 3 STREET ADDRESS	2262 Kingsfisher Lane	
CITY-ST-ZIP	AKRON OH 44333	2 4 CITY-ST-ZIP	Clearwater, FL 34622	
TITLE		3 1 TITLE	Vice President & Director	☒ Change ☐ Addition
NAME		3 2 NAME	Neil L. Bates	
STREET ADDRESS		3 3 STREET ADDRESS	5070 White Pine Cir., NE	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	St. petersburg, FL 33703	
TITLE		4 1 TITLE	Ferdinand Alfieri (Director)	☒ Change ☐ Addition
NAME		4 2 NAME	1 Place Ville Marie, Suite 2115	
STREET ADDRESS		4 3 STREET ADDRESS	Montreal QU Canada	
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE	Director	☒ Change ☐ Addition
NAME		5 2 NAME	Jorma Platan	
STREET ADDRESS		5 3 STREET ADDRESS	Yokvja 61	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	Espoo, Finland	
TITLE		6 1 TITLE	Director	☐ Change ☐ Addition
NAME		6 2 NAME	Michael J. Student	
STREET ADDRESS		6 3 STREET ADDRESS	21 Tudor Lane	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	Scarsdale, NJ	

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: *Frank C. Plas* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — Date: *3-24-95* — Daytime Phone #: *(813)894-7978*

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