FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:26

DOCUMENT # F94000002164 (1)

1. Corporation Name

E.T. BENEFITS & SOLUTIONS, INC.

Principal Place of Business	Mailing Address
164 INDUSCO COURT TROY MI 48083	164 INDUSCO COURT TROY MI 48083

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 777 Chicago Road	26 777 Chicago Road
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Troy MI	City & State 28 Troy MI
Zip 24 48083 — Country 25 USA	Zip 29 48083 — Country 30 USA

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report:
4. FEI Number: 38-3147796 — 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	☑ Change ☐ Addition
NAME	MILIDRAG, GEORGE D	1.2 NAME	
STREET ADDRESS	164 INDUSCO CT.	1.3 STREET ADDRESS	777 Chicago Road
CITY ST ZIP	TROY MI 48083	1.4 CITY ST ZIP	Troy MI 48083
TITLE	S	2.1 TITLE	☑ Change ☐ Addition
NAME	LUCK, SUSAN	2.2 NAME	
STREET ADDRESS	164 INDUSCO CT.	2.3 STREET ADDRESS	777 Chicago Road
CITY ST ZIP	TROY MI 48083	2.4 CITY ST ZIP	Troy MI 48083
TITLE	T	3.1 TITLE	☑ Change ☐ Addition
NAME	BAMBERY, JOHN	3.2 NAME	Char. Sherman
STREET ADDRESS	164 INDUSCO CT.	3.3 STREET ADDRESS	777 Chicago Road
CITY ST ZIP	TROY MI 48083	3.4 CITY ST ZIP	Troy MI 48083
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(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] SHERMAN CHAR - Treasurer 3-21-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #