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FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000003657 (3)

1. Corporation Name

EMSHARE BENEFIT ADMINISTRATORS, INC.

Principal Place of Business

Mailing Address

SUITE 500  
7600 CHEVY CHASE II  
AUSTIN TX 78752

SUITE 500  
7600 CHEVY CHASE II  
AUSTIN TX 78752-1568



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

07/13/1994

3a. Date of Last Report

12/05/1996

4. FEI Number

74-2553812

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

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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 PD ☒ DELETE  
NAME MATTINGLY, LARRY A  
STREET ADDRESS 11703 DRAYTON DRIVE  
CITY-ST-ZIP AUSTIN TX 78758

1.1 TITLE S ☐ Change ☒ Addition  
1.2 NAME Loretta Lock  
1.3 STREET ADDRESS 3220 Duval Rd. # 3209  
1.4 CITY-ST-ZIP Austin, TX 78759

TITLE S ☒ DELETE  
NAME JARRETT, VERONICA S  
STREET ADDRESS 13811 MERSEYSIDE DRIVE  
CITY-ST-ZIP PFLUGERVILLE TX 78680

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BOYD, DUANE K JR  
STREET ADDRESS 8700 SILVERHILL LANE  
CITY-ST-ZIP AUSTIN TX 78759

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SHIFRIN, KENNETH S  
STREET ADDRESS 220 HURST CREED ROAD  
CITY-ST-ZIP AUSTIN TX 78734

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE C ☐ DELETE  
NAME LUKE, RONALD T  
STREET ADDRESS 500 HARRIS AVENUE  
CITY-ST-ZIP AUSTIN TX 78705

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

512-371-8100

Date

Daytime Phone # 0011103

CR2E034 (9/96)