

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

FILED
Jun 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

74-2553812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 8
NAME LOCK, LORETTA
STREET ADDRESS 3220 DUVAL RD., #3209
CITY-ST-ZIP AUSTIN TX

☐ DELETE

TITLE 0
NAME BOYD, DUANE K JR
STREET ADDRESS 8700 SILVERHILL LANE
CITY-ST-ZIP AUSTIN TX 78759

☒ DELETE

TITLE 0
NAME SHIFRIN, KENNETH S
STREET ADDRESS 220 HURST CREED ROAD
CITY-ST-ZIP AUSTIN TX 78734

☒ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE S
1.2 NAME KEESE, LORETTA LOCK
1.3 STREET ADDRESS 4503 BLUFF SPRINGS ROAD, #1214
1.4 CITY-ST-ZIP AUSTIN, TX 78744

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE P/C/D
4.2 NAME Luke, Ronald T.
4.3 STREET ADDRESS 500 Harris Avenue
4.4 CITY-ST-ZIP Austin, TX 78705

☒ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 (10/97)

A-K 6/30

6/15/98 150 771 4114