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

APPROVED AND FILED
95 APR 24 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006225 (6)**

1. Corporation Name
NORTH AMERICAN BENEFITS NETWORK, INC.

Principal Place of Business	Mailing Address
19800 DETROIT RD. CLEVELAND OH 44116	19800 DETROIT RD. CLEVELAND OH 44116

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/06/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **34-1597330** ☐ 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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BAKER, DONALD T	12 NAME		
STREET ADDRESS	23512 QUAIL HOLLOW DR.	13 STREET ADDRESS		
CITY-ST-ZIP	WESTLAKE OH 44145	14 CITY-ST-ZIP		
TITLE	DC	21 TITLE		☐ Change ☐ Addition
NAME	HAHN, ALEXANDER D	22 NAME		
STREET ADDRESS	3183 DICK WILSON DR.	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	SEELEY, GREGORY D	32 NAME		
STREET ADDRESS	1120 FOREST RD.	33 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD OH 44107	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	MORGAN, MARY L	42 NAME		
STREET ADDRESS	31453 MURFIELD WAY	43 STREET ADDRESS		
CITY-ST-ZIP	WESTLAKE OH 44145	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		X Change ☐ Addition
NAME	GEARHEART, ROBERT M	52 NAME	TAKE OFF	
STREET ADDRESS	6610 MORNINGSIDE DR.	53 STREET ADDRESS		
CITY-ST-ZIP	BRECKSVILLE OH 44141	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		X Change ☐ Addition
NAME	PHILLIPS, RICHARD L	62 NAME	TAKE OFF	
STREET ADDRESS	10300 WHITEWOOD RD.	63 STREET ADDRESS		
CITY-ST-ZIP	BRECKSVILLE OH 44141	64 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: Mary L Morgan 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY L. MORGAN

0486486 FP