

194000006225

Requester's Name



North American
BENEFITS NETWORK, INC.

19800 Detroit Road
Cleveland, Ohio 44116-1800

500003093215--1
-01/10/00--01089--011
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 14 PM 4:57

R. A. Charge

Examiner's Initials

2-15-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 25, 2000

NORTH AMERICAN BENEFITS NETWORK, INC.
19800 Detroit Road
Cleveland, OH 44116-1800

SUBJECT: NORTH AMERICAN BENEFITS NETWORK, INC.
Ref. Number: F94000006225

We have received your document for NORTH AMERICAN BENEFITS NETWORK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 100A00003368

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



February 4, 2000

Ms. Louise Flemming-Jackson
Corporate Specialist Supervisor
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Change of Registered Agent Form

Dear Ms. Flemming-Jackson:

Unfortunately, we were faxed the unacceptable form by the Division of Corporations.

If you have any questions, do not hesitate to contact me at (440) 356-8305.

Cordially,

William A. Riedthaler
Director of Special Risk Programs

WAR/klk

Enclosures

OVER THIRTY-FIVE YEARS OF QUALITY AND SERVICE

AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Ohio submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : North American Benefits Network, Inc.

2. The mailing address of the corporation : 19800 Detroit Road; Cleveland, OH 44116

3. Date of incorporation/qualification: October 5, 1988 Document number: F94000006225

4. The name and address of the current registered agent and registered office:

CT Corporation

1200 S. Pine Island Road

Plantation, FL 32399-0300

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

Christopher Kerr

Program Insurance Management

2201 Cantu Court, #102

Sarasota, FL 34232

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

2/1/2000
(Date)

Donald T. Baker, President and CEO

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

2/10/00
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

CR2E045(8/99)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 14 PM 4:47