

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

FILED  
Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001529 (5)

1. Corporation Name

BENEFIT PLAN ADMINISTRATORS, INC. OF NEW YORK

Principal Place of Business

Mailing Address

ONE HUNTINGTON QUADRANGLE  
SUITE 4N  
MELVILLE NY 11747

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SUITE 4N  
MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1995

4. FEI Number

11-3274925

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

TITLE	CP	<input type="checkbox"/> DELETE
NAME	ISERNIO, ALBERT E	
STREET ADDRESS	242 BROOKVILLE LANE	
CITY-ST-ZIP	OLD BROOKVILLE NY 11545	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	ADDEO, JOHN	
STREET ADDRESS	70 VALLEY ROAD	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	MIZEL, BERNARD	
STREET ADDRESS	410 EAST STRAWBERRY DRIVE	
CITY-ST-ZIP	MILL VALLEY CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AGOLIA, MICHAEL	
STREET ADDRESS	12 RODNEY AVE	
CITY-ST-ZIP	ISLIP TERRACE NY 11754	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NALLY, SUSAN	
STREET ADDRESS	107 SAN JUAN DR	
CITY-ST-ZIP	HAUPPAUGE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DANIEL P. NEARY	
4.3 STREET ADDRESS	11 PLOVER LANE	
4.4 CITY-ST-ZIP	LLOYD HARBOR, NY 11743	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE Daniel P. Neary, Pres

516 694 4900

CR2E034 (10/97)