

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003046 (8)**

1. Corporation Name
HEALTH BENEFIT SERVICES, INC.



Principal Place of Business 2700 W. PLANO PARKWAY PLANO TX 75075-8200	Mailing Address 2700 W. PLANO PARKWAY PLANO TX 75075-8200
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-2896108	Applied For ☒ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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

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	PC	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	WILLIAMS, FRED A.			1.2 NAME			
STREET ADDRESS	2700 W. PLANO PARKWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANO TX			1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	SUITER, G. E			2.2 NAME			
STREET ADDRESS	2700 W. PLANO PARKWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANO TX 75075-8200			2.4 CITY-ST-ZIP			
TITLE	VD	☒ DELETE		3.1 TITLE	VD	☐ Change ☒ Addition	
NAME	WALKER, G. B JR			3.2 NAME	Rohner, R. V.		
STREET ADDRESS	2700 W. PLANO PARKWAY			3.3 STREET ADDRESS	2700 W. Plano Parkway		
CITY-ST-ZIP	PLANO TX 75075-8200			3.4 CITY-ST-ZIP	Plano, TX 75075-8200		
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	LOTTER, C. R			4.2 NAME			
STREET ADDRESS	6501 LEGACY DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	PLANO TX 75024-1109			4.4 CITY-ST-ZIP			
TITLE	VPT	☒ DELETE		5.1 TITLE	VPT	☐ Change ☒ Addition	
NAME	CARTER, RODNEY (NMI)			5.2 NAME	Heise, Donald L.		
STREET ADDRESS	2700 W. PLANO PARKWAY			5.3 STREET ADDRESS	2700 W. Plano Parkway		
CITY-ST-ZIP	PLANO TX			5.4 CITY-ST-ZIP	Plano, TX 75075-8200		
TITLE	DC	☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME	SPURLOCK, TED L			6.2 NAME			
STREET ADDRESS	6501 LEGACY DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	PLANO TX 75024-0007			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:  Fred A. Williams

1-28-98 (972) 881-6460

CR2E034 (10/97)