

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000003046**

1. Entity Name

HEALTH BENEFIT SERVICES, INC.*R***FILED**
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90004 047 ***150.00

Principal Place of Business

**2700 W. PLANO PARKWAY
PLANO TX 75075-8200**

Mailing Address

**2700 W. PLANO PARKWAY
PLANO TX 75075-8200**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2896108

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROMASCO, ROBERT G 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUITER, G. E 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROHNER, R V 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THORNTON, MARK L 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GATEWOOD, WALTER A 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAMILLO, JOHN R 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**ROBERT G. ROMASCO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-00

Date

972-881-6000

Daytime Phone #

CR2 3034 15/00

Health Benefit Services, Inc.

Attachment
OFF F9500003046
D0073954

July 12, 2000

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is the 2000 Uniform Business Report for Health Benefit Services, Inc. along with a check for \$150.00. We never received your first notice on this report. In the future, please address your report as follows to avoid this error.

F95000003046
Health Benefit Services, Inc.
Attn: Ann Beckwith – 3C
2700 West Plano Parkway
Plano, TX 75075-8200

If you have any questions, please call me at 972-881-4086.

Sincerely,



Ann Beckwith
Accounting Analyst

Enclosure