

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000003046

1. Entity Name
STONEBRIDGE 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**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
94-2896108

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MCKENNA, LYNN
STREET ADDRESS	2700 W. PLANO PARKWAY
CITY-ST-ZIP	PLANO, TX 75075
TITLE	COBP
NAME	SMITH, BRIAN A
STREET ADDRESS	20 MOORES RD
CITY-ST-ZIP	FRAZER, PA 19355
TITLE	T
NAME	MCCONNELL, MARTHA
STREET ADDRESS	520 PARK AVENUE
CITY-ST-ZIP	BALTIMORE, MD 21201
TITLE	DV
NAME	THORNTON, MARK L
STREET ADDRESS	2700 W. PLANO PARKWAY
CITY-ST-ZIP	PLANO, TX 750758200
TITLE	C
NAME	WILSON, MICHAEL
STREET ADDRESS	520 PARK AVENUE
CITY-ST-ZIP	BALTIMORE, MD 21201
TITLE	S
NAME	NEUBAUER, WILLIAM
STREET ADDRESS	2700 WEST PLANO PARKWAY
CITY-ST-ZIP	PLANO, TX 75075

U000000592337
01/19/07-80060-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Neubauer

Date

01/09/2007

Daytime Phone #