

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 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



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

000000803028
02/05/08-80008-010 150.00

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

**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

William Neubauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08

Date

972-881-6397

Daytime Phone #