2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0144252 AT

DOCUMENT # F95000003046

1. Entity Name
HEALTH BENEFIT SERVICES, INC.

FILED
03 AUG 21 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2700 W. PLANO PARKWAY PLANO TX 75075-8200	2700 W. PLANO PARKWAY PLANO TX 75075-8200

☐ CHECK HERE IF MAKING CHANGES

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 Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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. 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 $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRUDHOMME, ALVIN 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT McKENNA, LYNN 2700 WEST PLANO PARKWAY PLANO, TX 75075
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORRIS, KEITH L 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT COMPTON, DENISE 2700 WEST PLANO PARKWAY PLANO, TX 75075
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HELESKI, PAUL 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER McCONNELL, MARTHA 520 PARK AVENUE BALTIMORE, MD 21201
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	800022479088 08/21/03--01042--001 **400.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GATEWOOD, WALTER A 2700 W. PLANO PARKWAY PLANO TX 75075-8200	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CONTROLLER WILSON, MICHAEL 520 PARK AVENUE BALTIMORE, MD 21201
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	800022479088 08/21/03--01042--002 **150.00

CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/15/03 972-881-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #