FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003420 (5)**

1. Corporation Name

CONTRACTORS EMPLOYEE BENEFITS ADMINISTRATION, IN C.

Principal Place of Business	Mailing Address
11828 RANCHO BERNARDO RD., #123-400 SAN DIEGO CA 92128	11828 RANCHO BERNARDO RD., #123-400 SAN DIEGO CA 92128

3. Date Incorporated or Qualified: **07/17/1995**
3a. Date of Last Report: **N/A**

4. FEI Number: **33-0449333** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6805 CAP OF TX HWY N	26 6805 CAP OF TX HWY N
Suite, Apt. #, etc. 22 SUITE 315	Suite, Apt. #, etc. 27 SUITE 315
City & State 23 AUSTIN, TX	City & State 28 AUSTIN, TX
Zip / Country 24 78731 / 25	Zip / Country 29 78731 / 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 of officer, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	BALARSKY, BRIAN A		12 NAME	
STREET ADDRESS	6880 TOWNVIEW LANE		13 STREET ADDRESS	5805 BUCKPASSER COVE
CITY-ST-ZIP	SAN DIEGO CA 92120		14 CITY-ST-ZIP	AUSTIN, TX 78746
TITLE	PDC	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BOON, ROBERT S		22 NAME	
STREET ADDRESS	5517 CUESTA VERDE		23 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78746		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FINKELSTEIN, HOWARD D		32 NAME	
STREET ADDRESS	1710 MONMOUTH DR.		33 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92109		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4-30-96 (512)795-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BRIAN A BALARSKY, MD