2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# F96000000271

Entity Name: AAG BENEFIT PLAN ADMINISTRATORS, INC.

Current Principal Place of Business:

4500 MERCANTILR PALZA #200
FORT WORTH, TX 76137

New Principal Place of Business:

4500 MERCANTILE PLAZA #200
FORT WORTH, TX 76137

Current Mailing Address:

4500 MERCANTILR PALZA #200
FORT WORTH, TX 76137

New Mailing Address:

4500 MERCANTILE PLAZA #200
FORT WORTH, TX 76137

FEI Number: 75-2401851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BRYAN, MICHAEL
Address: 421 NORTHWEST HWY, STE. 201
City-St-Zip: BARRINGTON, IL 60010

Title: ST ( ) Delete
Name: WEIDNER, TRACY
Address: 421 NORTHWEST HWY, STE. 201
City-St-Zip: BARRINGTON, IL 60010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRYAN, MICHAEL
Address: 421N. NORTHWEST HWY, STE. 201
City-St-Zip: BARRINGTON, IL 60010

Title: ST (X) Change ( ) Addition
Name: WEIDNER, TRACEY
Address: 421 N. NORTHWEST HWY, STE. 201
City-St-Zip: BARRINGTON, IL 60010

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY C. WEIDNER SECY 01/28/2004

Electronic Signature of Signing Officer or Director — Date