

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90391 019 \*\*\*150.00

**DOCUMENT # F96000000271**

1. Entity Name  
**AAG BENEFIT PLAN ADMINISTRATORS, INC.**



Principal Place of Business  
**4500 MERCANTILE PLAZA #200  
FORT WORTH, TX 76137**

Mailing Address  
**4500 MERCANTILE PLAZA #200  
FORT WORTH, TX 76137**

**60023330**



03162006 Chg-P CR2E034 (11/05)

4. FEI Number  
**75-2401851** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**7. Name and Address of New Registered Agent**

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 \$150.00.  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, MICHAEL	
STREET ADDRESS	421N. NORTHWEST HWY, STE. 201	
CITY-ST-ZIP	BARRINGTON, IL 60010	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WEIDNER, TRACEY	
STREET ADDRESS	421 N. NORTHWEST HWY, STE. 201	
CITY-ST-ZIP	BARRINGTON, IL 60010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D, CEO, CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, TED L.	
STREET ADDRESS	2002 WEST LOOP 289, SUITE 108	
CITY-ST-ZIP	LUBBOCK, TX 79407	
TITLE	D, CFO, EVP, SEC, TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMBERECKYJ, WILLIAM	
STREET ADDRESS	2002 WEST LOOP 289, SUITE 108	
CITY-ST-ZIP	LUBBOCK, TX 79407	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANSLER, GARY R.	
STREET ADDRESS	750 WARRENVILLE RD., SUITE 200	
CITY-ST-ZIP	LISLE, IL 60532	
TITLE	V. GEN COUNSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTTS, DIANA F.	
STREET ADDRESS	130 E WILSON BRIDGE RD #310	
CITY-ST-ZIP	WORTHINGTON, OH 43085	
TITLE	ASST SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEDLUND, MICHAEL	
STREET ADDRESS	2002 WEST LOOP 289, SUITE 108	
CITY-ST-ZIP	LUBBOCK, TX 79407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

Diana F. Butts, Vice President

3/28/06

(614) 854-0831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #