


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000001746 (4) 1. Corporation Name HEALTHCARE COMPARE ADMINISTRATIVE SERVICES, INC.					
Principal Place of Business 3200 HIGHLAND AVE. DOWNERS GROVE IL 60515			Mailing Address 3200 HIGHLAND AVE. DOWNERS GROVE IL 60515		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/04/1996 4. FEI Number 36-407237 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRISTEN, EDWARD L		1.2 NAME	Edward L. Wristen	
STREET ADDRESS	1137 PEREGRINE CT		1.3 STREET ADDRESS	1137 Peregrine Ct.	
CITY-ST-ZIP	PALATINE IL		1.4 CITY-ST-ZIP	Palatine, IL 60067	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURCZ, LOTTIE A		2.2 NAME	Mary Anne Carpenter	
STREET ADDRESS	100 E HURON #1702		2.3 STREET ADDRESS	734 Franklin	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	River Forest, IL 60305	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTERS, JOSEPH E		3.2 NAME	Joseph E. Whitters	
STREET ADDRESS	425 FAIRVIEW		3.3 STREET ADDRESS	460 Hill Avenue	
CITY-ST-ZIP	GLEN ELLYN IL		3.4 CITY-ST-ZIP	Glen Ellyn, IL 60138	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Sharlie R McRaney	
STREET ADDRESS			4.3 STREET ADDRESS	4141 N. Scottsdale Road, Suite 300	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	Asst. T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Jerry L. Seiler	
STREET ADDRESS			5.3 STREET ADDRESS	3200 Highland Avenue	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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: Joseph E. Whitters 2/26/98 (630) 241-7900

CR2E034 (10/97)