


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

05584

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90081 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001746**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/04/1996**

4. FEI Number

**36-4072377**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

**24** **25**

2a. Mailing Address

**26** 3200 Highland Avenue

**27** Suite, Apt. #, etc.  
Attn: Legal Dept.

**28** City & State  
Downers Grove, IL

**29** Zip Country

**30** 60515 USA

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

TITLE **DVS** ☐ DELETE

NAME **WRISTEN, EDWARD L**

STREET ADDRESS **1137 PEREGRINE CT**

CITY-ST-ZIP **PALATINE IL 60067**

TITLE **PD** ☐ DELETE

NAME **CARPENTER, MARY A**

STREET ADDRESS **734 FRANKLIN**

CITY-ST-ZIP **RIVER FORES IL 60305**

TITLE **TD** ☐ DELETE

NAME **WHITTERS, JOSEPH E**

STREET ADDRESS **460 HILL AVENUE**

CITY-ST-ZIP **GLEN ELLYN IL 60138**

TITLE **V** ☒ DELETE

NAME **MCRANEY, SHARLIE R**

STREET ADDRESS **4141 N SCOTTSDALE ROAD, SUITE 300**

CITY-ST-ZIP **SCOTTSDALE AZ 85251**

TITLE **AT** ☐ DELETE

NAME **SEILER, JERRY L**

STREET ADDRESS **3200 HIGHLAND AVENUE**

CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **3200 Highland Avenue**

1.4 CITY-ST-ZIP **Downers Grove, IL 60515**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **Carpenter, Mary Anne**

2.4 CITY-ST-ZIP **3200 Highland Avenue  
Downers Grove, IL 60515**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS **3200 Highland Avenue**

3.4 CITY-ST-ZIP **Downers Grove, IL 60515**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS **Dills, Patrick**

4.4 CITY-ST-ZIP **3200 Highland Avenue  
Downers Grove, IL 60515**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS **AS  
Smith, Susan T.**

6.4 CITY-ST-ZIP **3200 Highland Avenue  
Downers Grove, IL 60515**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

010000 70001 33  
F90000001746

**HEALTHCARE COMPARE ADMINISTRATIVE SERVICES, INC.**

**Additional Corporate Officers**

**Business Address**

Edna Simon  
Vice President, Operations

4141 N. Scottsdale Road  
Scottsdale, AZ 85251

Mark A. Mosby  
Assistant Secretary

3200 Highland Avenue  
Downers Grove, IL 60515

David Blasi  
Assistant Secretary

3200 Highland Avenue  
Downers Grove, IL 60515