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FILED  
May 13 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 # F96000003867 (6)

1. Corporation Name

BENEFIT SERVICES, INC. OF OHIO

Principal Place of Business

3636 COPLEY ROAD  
PO BOX 4138  
COPLEY, SUMMIT COUNTY OH 44321

Mailing Address

3636 COPLEY ROAD  
PO BOX 4138  
COPLEY, SUMMIT COUNTY OH 44321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1996

4. FEI Number

34-1785445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

FRAZIER, ROBERT C SR  
2950 NORTH BEACH ROAD, UNIT A334  
ENGLEWOOD FL 34223

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 PCFO  
NAME FRAZIER, ROBERT C SR  
STREET ADDRESS 2950 NORTH BEACH ROAD UNIT A334  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE P  
NAME FRAZIER, CONSTANCE M PD  
STREET ADDRESS 3286 EDINGTON ROAD  
CITY-ST-ZIP FAIRLAWN OH 34223

TITLE DEV  
NAME NEWBAUER, JEROME  
STREET ADDRESS 1479 KARL DRIVE  
CITY-ST-ZIP AKRON OH 44321

TITLE S  
NAME FRAZIER, KATHLEEN M  
STREET ADDRESS 4432 RIDGEWOOD ROAD  
CITY-ST-ZIP AKRON OH 44321

TITLE VCDV  
NAME FRAZIER, ROBERT C JR  
STREET ADDRESS W 145-N 10184 RAIN TREE DRIVE  
CITY-ST-ZIP GERMANTOWN WI 53022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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

JEROME NEWBAUER APRIL 28, 1998

330-666-0327

CR2E034 (10/97)