2005 FOR PROFIT CORPORATION

Apr 25, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F9600003867 04-25-2005 90279 048 ***150.00 1. Entity Name BENEFIT SERVICES, INC. OF OHIO Principal Place of Business Mailing Address 3636 COPLEY ROAD 3636 COPLEY ROAD PO BOX 4138 PO BOX 4138 COPLEY, SUMMIT COUNTY, OH 44321 AKRON, OH 44321 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 34-1785445 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRAZIER, ROBERT C SR Street Address (P.O. Box Number is Not Acceptable) **5220 BRITTANY DRIVE** SUITE 5 AP 304 SAINT PETERSBURG, FL 33715 Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change Addition PCFO TITLE TITLE Delete 5220 BRITTANY DRIVE FRAZIER, ROBERT C SR NAME NAME SUITE 5 APT 304 2950 NORTH BEACH ROAD UNIT A334 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33715 ENGLEWOOD, FL 34223 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE FRAZIER, CONSTANCE M PD NAME NAME 3286 EDINGTON ROAD STREET ADDRESS STREET ADDRESS FAIRLAWN, OH 34223 CHY-SI-70 CITY-ST-ZIP ☐ Change ■ Addition DEV Delete TITLE TITLE NEWBAUER, JEROME NAME NAME STREET ADDRESS 1479 KARL DRIVE STREET ADDRESS **AKRON, OH 44321** CITY-ST-7/P CITY-SI-ZIP ☐ Change ☐ Addition Delete TITLE FRAZIER, KATHLEEN M NAME NAME 4432 RIDGEWOOD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AKRON, OH 44321 Change Addition ☐ Detete TITLE TITLE VCDV FRAZIER, ROBERT C JR NAME NAME 22349 LA PALMA AVE, #D-110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YORBA LINDA, CA 92887 CITY-S1-ZIP

FILED

☐ Change

Addition

12. 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 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.

STREET ADDRESS CITY-ST-ZIP

IIILE

NAME

04/20/05 330-666-0337 Daytime Phone R ROBERT C. FRAZIER SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP