2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000002318

Entity Name: CONSUMER BENEFITS OF AMERICA, INC.

Apr 17, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3705 KIPLING ST. 3705 KIPLING ST. SIUTE 102 SUITE 102

WHEAT RIDGE, CO 80033 WHEAT RIDGE, CO 80033 US

Current Mailing Address: New Mailing Address:

P.O. BOX 281248 P.O. BOX 281248

DENVER, CO 80228 DENVER, CO 80228 US

FEI Number: 84-1079667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SARTEN, EDIE SARTEN, EDIE Name: Name: Address: 3190 UNION ST Address: 3190 UNION ST

City-St-Zip: LAKEWOOD, CO 80215 City-St-Zip: LAKEWOOD, CO 80215 US

Title: () Delete Title: (X) Change () Addition

CHRISTENSEN, KEVIN CHRISTENSEN, KEVIN Name: Name: Address: 3595 MOORE CT Address: 3595 MOORE CT

WHEAT RIDGE, CO 80033 City-St-Zip: City-St-Zip: WHEAT RIDGE, CO 80033 US

Title: DST () Delete Title: DST (X) Change () Addition

KRETSCHMAN, LAURA Name: KRETSCHMAN, LAURA Name: Address: 715 BUNKER DR Address: 715 BUNKER DR

City-St-Zip: GRAND JUNCTION, CO 81506 City-St-Zip: GRAND JUNCTION, CO 81506 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDIE SARTEN PC 04/17/2002