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FILED  
Mar 18 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 # F97000002382 (6)  
1. Corporation Name  
CORPORATE BENEFIT SERVICES OF AMERICA, INC.



Principal Place of Business  
10159 WAYZATA BLVD.  
MINNETONKA MN 55305-1503

Mailing Address  
10159 WAYZATA BLVD.  
MINNETONKA MN 55305-1503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

41-1704028

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

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

9. Name and Address of Current Registered Agent

KELLIN, THOMAS W  
12828 ROYAL GEORGE AVE.  
ODESSA FL 33556

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME KOLTES, CLIFFORD M  
STREET ADDRESS 10159 WAYZATA BLVD.  
CITY-ST-ZIP MINNETONKA MN 55305-1503

TITLE VSVC ☐ DELETE

NAME MCMAHILL, JAMES V  
STREET ADDRESS 10159 WAYZATA BLVD.  
CITY-ST-ZIP MINNETONKA MN 55305-1503

TITLE TD ☐ DELETE

NAME WALETZKO, DONALD A  
STREET ADDRESS 10159 WAYZATA BLVD.  
CITY-ST-ZIP MINNETONKA MN 55305-1503

TITLE D ☐ DELETE

NAME CLEM, RICHARD C  
STREET ADDRESS 1619 SOUTH HIGH AVENUE  
CITY-ST-ZIP AMES IA 50010

TITLE D ☐ DELETE

NAME CLIFFORD, J B  
STREET ADDRESS 4658 EMMALANI DRIVE  
CITY-ST-ZIP PRINCEVILLE HI 96722

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Clifford M. Koltes 3-5-98 612-546-0062

CR2E034 (10/97)