2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 AM
Secretary of State

DOCUMENT# F97000002382

Entity Name: CORPORATE BENEFIT SERVICES OF AMERICA, INC.

Current Principal Place of Business:

10159 WAYZATA BLVD.
MINNETONKA, MN 553051503

New Principal Place of Business:

Current Mailing Address:

10159 WAYZATA BLVD.
MINNETONKA, MN 553051503

New Mailing Address:

FEI Number: 41-1704028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBER, TIMOTHY R
3965 HENDERSON BLVD.
TAMPA, FL 336295015 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KOLTES, CLIFFORD M	
Address:	10159 WAYZATA BLVD.	
City-St-Zip:	MINNETONKA, MN 553051503	
Title:	VSD	( ) Delete
Name:	MCMAHILL, JAMES V	
Address:	10159 WAYZATA BLVD.	
City-St-Zip:	MINNETONKA, MN 553051503	
Title:	T	( ) Delete
Name:	PEDERSON, ROGER C	
Address:	10159 WAYZATA BLVD.	
City-St-Zip:	MINNETONKA, MN 553051503	
Title:	D	( ) Delete
Name:	BARBER, TIMOTHY R	
Address:	3965 HENDERSON BLVD.	
City-St-Zip:	TAMPA, FL 336295015	
Title:	D	( ) Delete
Name:	CODE, ANDREW W	
Address:	10 S WACKER DR., SUITE 3175	
City-St-Zip:	CHICAGO, IL 60606	
Title:	D	( ) Delete
Name:	GOTSCH, PETER M	
Address:	10 S WACKER DR., SUITE 3175	
City-St-Zip:	CHICAGO, IL 60606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	KOLTES, CLIFFORD M	
Address:	10159 WAYZATA BLVD.	
City-St-Zip:	MINNETONKA, MN 553051503	
Title:	D	(X) Change ( ) Addition
Name:	MCMAHILL, JAMES V	
Address:	10159 WAYZATA BLVD.	
City-St-Zip:	MINNETONKA, MN 553051503	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD M. KOLTES D 03/13/2002

Electronic Signature of Signing Officer or Director — Date

RICHARD A. LOBO, DIRECTOR
10 S. WACKER DR., SUITE 3175
CHICAGO, IL 60606

ROBERT G. HOGAN, DIRECTOR
10 S. WACKER DR., SUITE 3175
CHICAGO, IL 60606

PHILIP D. CHRISTIANSON, PRESIDENT, DIREC
10159 WAYZATA BLVD.
MINNETONKA, MN 55305-1503