2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002382

Entity Name: CORPORATE BENEFIT SERVICES OF AMERICA, INC.

FILED Apr 09, 2004 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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10159 WAYZATA BLVD. 400 HWY 169 SOUTH

MINNETONKA, MN 553051503 SUITE 800

MINNEAPOLIS, MN 554261141 US

Current Mailing Address: New Mailing Address:

10159 WAYZATA BLVD. 400 HWY 169 SOUTH

MINNETONKA, MN 553051503 SUITE 800

MINNEAPOLIS, MN 554261141 US

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

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

BARBER, TIMOTHY R
3965 HENDERSON BLVD.
TAMPA, FL 336295015 US
LUTER, LARRY J MD
3965 HENDERSON BLVD.
TAMPA, FL 336295015 US
TAMPA, FL 336295015 US

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: LARRY J. LUTER, MD 04/09/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition KOLTES, CLIFFORD M CHRISTIANSON, PHILIP D Name: Name: 10159 WAYZATA BLVD. 400 HWY 169 SOUTH, SUITE 800 Address: Address: City-St-Zip: MINNETONKA, MN 553051503 City-St-Zip: MINNEAPOLIS, MN 554261141 US

Title: D () Delete Title: T (X) Change () Addition Name: MCMAHILL, JAMES V Name: PEDERSON, ROGER C

Address: 10159 WAYZATA BLVD. Address: 400 HWY 169 SOUTH, SUITE 800

City-St-Zip: MINNETONKA, MN 553051503 City-St-Zip: MINNEAPOLIS, MN 554261141 US

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

Title: T () Delete Title: D (X) Change () Addition Name: PEDERSON, ROGER C Name: GOTTSCHALK, GARY H

 Address:
 10159 WAYZATA BLVD.
 Address:
 333 S 7TH ST., SUITE 2400

 City-St-Zip:
 MINNETONKA, MN 553051503
 City-St-Zip:
 MINNEAPOLIS, MN 55402 US

Title: D () Delete Title: D (X) Change () Addition Name: BARBER, TIMOTHY R Name: HAAN, WILLIAM F

 Address:
 3965 HENDERSON BLVD.
 Address:
 333 S 7TH ST., SUITE 2400

 City-St-Zip:
 TAMPA, FL 336295015
 City-St-Zip:
 MINNEAPOLIS, MN 55402 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: CODE, ANDREW W Name: HARMAN, JERI J

 Address:
 10 S WACKER DR., SUITE 3175
 Address:
 15303 VENTURA BLVD., SUITE 1500

 City-St-Zip:
 CHICAGO, IL 60606
 City-St-Zip:
 SHERMAN OAKS, CA 91403 US

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

 Name:
 GOTSCH, PETER M
 Name:
 MILLER, CLAYTON F

 Address:
 10 S WACKER DR., SUITE 3175
 Address:
 333 S 7TH ST., SUITE 2400

 City-St-Zip:
 CHICAGO, IL 60606
 City-St-Zip:
 MINNEAPOLIS, MN 55402 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILILP D. CHRISTIANSON PD 04/09/2004