

DOCUMENT # F97000005705

1. Entity Name
AMERICAN EMPLOYEE BENEFIT ASSOCIATION, INC.

Principal Place of Business
1819 CLARKSON RD. SUITE 301
CHESTERFIELD MO 63017

Mailing Address
1819 CLARKSON RD. SUITE 301
CHESTERFIELD MO 63017

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90098 048 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0057253** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | NEUMANN, ROBERT S. | |
| STREET ADDRESS | 6 PALERMO AVE STE 200 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | FEINBERG, MYRON | |
| STREET ADDRESS | 6 PALERMO AVE STE 200 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ROY, MONICA | |
| STREET ADDRESS | 15990 WETHERBURN RD | |
| CITY-ST-ZIP | CHESTERFIELD MO 63017 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BOCKER, KAREN → BOEKER | |
| STREET ADDRESS | 13 BORDEAUX PLACE | |
| CITY-ST-ZIP | LAKE ST LOUIS MO 63667 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MALATESTA, AL | |
| STREET ADDRESS | 9304 WELLINGTON PARK CIRCLE | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PFAUSCH, DIXON | |
| STREET ADDRESS | 307 REGENCY CIRCLE | |
| CITY-ST-ZIP | DUBLIN GA 31021 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KAREN NORRIS | |
| STREET ADDRESS | 988 Woodcock Rd. Ste 198 | |
| CITY-ST-ZIP | Orlando, FL 32803 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Karen BOEKER | |
| STREET ADDRESS | 13 Bordeaux Place | |
| CITY-ST-ZIP | Lake St. Louis, MO 63667 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 617, 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.

SIGNATURE: *Karen Boeker* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date 1/4/01 Daytime Phone # 636-530-7700

CR2E037 (10/00)