# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 07, 2005**
**Secretary of State**

DOCUMENT# F98000006421

**Entity Name:** FMH BENEFIT SERVICES, INC.

**Current Principal Place of Business:**

13160 FOSTER ST
STE 150
OVERLAND PARK, KS 662132660 US

**New Principal Place of Business:**

**Current Mailing Address:**

13160 FOSTER ST
STE 150
OVERLAND PARK, KS 662132660 US

**New Mailing Address:**

**FEI Number: 48-1178410** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MCDONNELL, GEORGE
Address: 7304 W. 130TH ST., SUITE 200
City-St-Zip: OVERLAND PARK, KS 66225

Title: VSTD ( ) Delete
Name: HOLLAND, SCOTT E
Address: 7304 W. 130TH ST., SUITE 200
City-St-Zip: OVERLAND PARK, KS 66225

Title: CEO ( ) Delete
Name: SCHMIDT, MARK W
Address: 400 FIELD DR
City-St-Zip: LAKE FOREST, IL 60045

Title: CFO ( ) Delete
Name: BERGMAN, DAVID
Address: 400 FIELD DR
City-St-Zip: LAKE FOREST, IL 60045

Title: S ( ) Delete
Name: PRZYBYSZEWSKI, SANDRA J
Address: 400 FIELD DR
City-St-Zip: LAKE FOREST, IL 60045

Title: COB ( ) Delete
Name: MCDONOUGH, DAVID M
Address: 400 FIELD DR
City-St-Zip: LAKE FOREST, IL 60045

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MCDONNELL, GEORGE
Address: 13160 FOSTER ST., SUITE 150
City-St-Zip: OVERLAND PARK, KS 66213

Title: VP (X) Change ( ) Addition
Name: HOLLAND, SCOTT E
Address: 13160 FOSTER ST., SUITE 150
City-St-Zip: OVERLAND PARK, KS 66213

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: SANDRA J. PRZYBYSZEWSKI S 03/07/2005

Electronic Signature of Signing Officer or Director — Date