

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006653

FILED
Jul 23, 2008
Secretary of State

Entity Name: EMPLOYER BENEFIT SERVICES OF OHIO, INC.

Current Principal Place of Business:

896 LEXINGTON SPRINGMILL ROAD
MANSFIELD, OH 44906

New Principal Place of Business:

896 N LEXINGTON SPRINGMILL ROAD
MANSFIELD, OH 44906

Current Mailing Address:

PO BOX BOX 2568
MANSFIELD, OH 44906

New Mailing Address:

FEI Number: 34-1696604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTKUS, CHRISTOPHER R
615 SO MISSOURI AVE., STE F
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

HOFFMAN, LARRY F
28870 US HWY 19 N
SUITE 343
CLEARWATER, FL 33761 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 F. HOFFMAN

07/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WORKMAN, VAN A
Address: 896 LEXINGTON SPRINGMILL ROAD
City-St-Zip: MANSFIELD, OH 44906 US

Title: VP () Delete
Name: FLAUGHER JR, FRANK V
Address: 896 LEXINGTON SPRINGMILL ROAD
City-St-Zip: MANSFIELD, OH 44906 US

Title: ST () Delete
Name: DINSMORE, MICHELLE L
Address: 896 LEXINGTON SPRINGMILL ROAD
City-St-Zip: MANSFIELD, OH 44906 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: WORKMAN, VAN A
Address: 896 N LEXINGTON SPRINGMILL ROAD
City-St-Zip: MANSFIELD, OH 44906 US

Title: VP (X) Change () Addition
Name: FLAUGHER JR, FRANK V
Address: 896 N LEXINGTON SPRINGMILL ROAD
City-St-Zip: MANSFIELD, OH 44906 US

Title: ST (X) Change () Addition
Name: DINSMORE, MICHELLE L
Address: 896 N LEXINGTON SPRINGMILL ROAD
City-St-Zip: MANSFIELD, OH 44906 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHELLE L. DINSMORE

ST

07/23/2008

Electronic Signature of Signing Officer or Director

Date