2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
03-13-2001 90302 026 ***150.00

DOCUMENT # F99000002999

1. Entity Name

DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

Principal Place of Business	Mailing Address
7200 WISCONSIN AVENUE. SUITE 800 BETHESDA MD 20814	MR. DENNIS B. BAYLOR 7200 WISCONSIN AVENUE. SUITE 800 BETHESDA MD 20814

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-3645850 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC FOXMAN, RALPH H 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA MD 20814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Foxman, Ralph H 7200 Wisconsin Avenue, Suite 800 Bethesda, MD 20814	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MURPHY, EDWARD A 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA MD 20814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Murphy, Edward A 7200 Wisconsin Avenue, Suite 800 Bethesda, MD 20814	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ULANET, JEFFREY W 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA MD 20814	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Colby, Ronald B 9900 Bren Road East Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROTH, DEENA G 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA MD 20814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nyce, Beverly R 9900 Bren Road East Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAHILL, DENNIS A 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA MD 20814	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Trybus, Timothy J 7200 Wisconsin Avenue, Suite 800 Bethesda, MD 20814	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Farr, Leonard 9900 Bren Road East Minnetonka, MN 55343	☐ Change ☒ Addition

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deena G. Roth 2-13-01 301-718-7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #