F99000002999

CT CORPORATION

FILED 2002 APR 16 PM 2:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Dental Benefit Providers of Illinois, Inc.

RECEIVED 02 APR 16 PM 12:05 DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other (✓) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

Name 4/16/02 Order#: 5250782

Availability _______

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-04/16/02--01037--023
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Document Ms

Examiner _______ Ref#: _______

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Verifier _______

W.P. Verifier _______ Amount: $ _______

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

C. Coulliette APR 16 2002

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Illinois *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : Dental Benefit Providers of Illinois, Inc.

2. The mailing address of the corporation : 7200 Wisconsin Avenue, Suite 800
Bethesda, MD 20814

3. Date of incorporation/qualification: June 11, 1999 Document number: F99000002999

4. The name and address of the current registered agent and office:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 320301-2525

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TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Deena Godshall Roth — 4-9-02
(Signature of an officer, chairman or vice chairman of the board) (Date)

Deena Godshall Roth Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System
By: [signature] — April 15, 2002
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Kevin D. Lumberg, Assistant Secretary
(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

CR2E045(9/00)