

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002999

FILED
Apr 23, 2004
Secretary of State

Entity Name: DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

Current Principal Place of Business:

800 KING FARM BLVD
SUITE 600
ROCKVILLE, MD 20850

New Principal Place of Business:

Current Mailing Address:

9900 BREN RD
MN008-7410
HOPKINS, MN 55343

New Mailing Address:

9900 BREN RD
MN008-T410
MINNETONKA, MN 55343

FEI Number: 36-3645850

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: D () Delete
Name: WICHMANN, DAVID S
Address: 9900 BREN RD
City-St-Zip: MINNETONKA, FL 55343

Title: S () Delete
Name: RYAN, TIMOTHY F
Address: 9900 BREN RD EAST
City-St-Zip: MINNETONKA, FL 55343

Title: PD () Delete
Name: RUTH, KEVIN J
Address: 800 KING FARM BLVD STE 600
City-St-Zip: ROCKVILLE, MD 20850

Title: T () Delete
Name: SAHIN, METE
Address: 800 KING FARM BLVD STE 600
City-St-Zip: ROCKVILLE, MD 20850

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WICHMANN, DAVID S
Address: 9900 BREN RD
City-St-Zip: MINNETONKA, MN 55343

Title: S (X) Change () Addition
Name: RYAN, TIMOTHY F
Address: 9900 BREN RD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: A-T (X) Change () Addition
Name: SAHIN, METE
Address: 800 KING FARM BLVD STE 600
City-St-Zip: ROCKVILLE, MD 20850

Title: TRES () Change (X) Addition
Name: OBERRENDER, ROBERT W
Address: 9900 BREN RD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: DIR () Change (X) Addition
Name: SPARKMAN, DAVID L
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

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: TIMOTHY F RYAN

SEC

04/23/2004

Electronic Signature of Signing Officer or Director

Date