2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002999

Entity Name: DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
800 KING F. SUITE 600 ROCKVILLE	ARM BLVD E, MD 20850					
Current Mailing Address:			New Mailing Address:			
6300 OLSON MEMORIAL HWY MN010-E151 GOLDEN VALLEY, MN 55427						
FEI Number: 36-4008355 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:						
	Electronic	Signature of Registered Agent		D	ate	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR						
Title: Name: Address: City-St-Zip:	D () C MURRAY, BRIAN 9900 BREN RD MINNETONKA, M	С	Title: Name: Address: City-St-Zip:	D (X) Change () ROEHRICK, CHARLES T 9900 BREN RD MINNETONKA, MN 55343) Addition	
Title: Name: Address: City-St-Zip:	S () C RYAN, TIMOTHY 9900 BREN RD E MINNETONKA, MI	F AST	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	PD () C HALL, DAVID T 2811 LORD BALT BALTIMORE, MD	IMORE DR	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	A-T () C SAHIN, METE 800 KING FARM I ROCKVILLE, MD	BLVD STE 600	Title: Name: Address: City-St-Zip:	A-S (X) Change () PATEL, APUR 6300 OLSON MEMORIAL H GOLDEN VALLEY, MN 554	IGHWAY	
Title: Name: Address: City-St-Zip:	TRES () C OBERRENDER, F 9900 BREN RD E MINNETONKA, M	ROBERT W AST	Title: Name: Address: City-St-Zip:	()Change()	Addition	
Title: Name: Address: City-St-Zip:	DIR () D SPARKMAN, DAV 9900 BREN RD E MINNETONKA, MI	ID L	Title: Name: Address: City-St-Zip:	()Change()	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: APUR PATEL A-S 04/24/2006