2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# F99000002999

Entity Name: DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

Current Principal Place of Business:

LIBETRY 6, SUITE 200
6220 OLD DOBBIB LANE
COLUMBIA, MD 21045

New Principal Place of Business:

LIBERTY 6, SUITE 200
6220 OLD DOBBIN LANE
COLUMBIA, MD 21045

Current Mailing Address:

6300 OLSON MEMORIAL HWY
MN010-E151
GOLDEN VALLEY, MN 55427

New Mailing Address:

PO BOX 1459
MN010-E151
MINNEAPOLIS, MN 554401459

FEI Number: 36-4008355 **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:	WAY, JOHN A	
Address:	9900 BREN RD	
City-St-Zip:	MINNETONKA, MN 55343	
Title:	S	( ) Delete
Name:	RYAN, TIMOTHY F	
Address:	9900 BREN RD EAST	
City-St-Zip:	MINNETONKA, MN 55343	
Title:	P	( ) Delete
Name:	GULSTRAND, PAUL H	
Address:	6300 OLSON MEMORIAL HIGHWAY	
City-St-Zip:	GOLDEN VALLEY, MN 55427	
Title:	D	( ) Delete
Name:	STERN, KYLE C	
Address:	LIBERTY 6, SUITE 200, 6220 OLD DOBBIN LN.	
City-St-Zip:	COLUMBIA, MD 21045	
Title:	TRES	( ) Delete
Name:	OBERRENDER, ROBERT W	
Address:	9900 BREN RD EAST	
City-St-Zip:	MINNETONKA, MN 55343	
Title:	DIR	( ) Delete
Name:	SPARKMAN, DAVID L	
Address:	9900 BREN RD E	
City-St-Zip:	MINNETONKA, MN 55343	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TIMOTHY F RYAN SEC 04/17/2008

Electronic Signature of Signing Officer or Director — Date