2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002999

Entity Name: DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
LIBERTY 6, SUITE 200 6220 OLD DOBBIN LANE COLUMBIA, MD 21045						
Current Mailing Address:			New Mailing Address:			
PO BOX 1459 MN010-E151 MINNEAPOLIS, MN 554401459			PO BOX 1459 MN012-S117 MINNEAPOLIS, MN 554401459			
FEI Number: 36-4008355 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and A					d 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					Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E WAY, JOHN A 9900 BREN RD MINNETONKA, M	Delete IN 55343		Title: Name: Address: City-St-Zip:	D (X) Change () Addition WAY, JOHN A 6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427	
Title: Name: Address: City-St-Zip:	S ()E RYAN, TIMOTHY 9900 BREN RD E MINNETONKA, M	EAST		Title: Name: Address: City-St-Zip:	S (X) Change () Addition RYAN, TIMOTHY F 6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427	
Title: Name: Address: City-St-Zip:	GULSTRAND, PA	MORIAL HIGHWAY		Title: Name: Address: City-St-Zip:	P (X) Change () Addition SOUZA, DIANE D 6300 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55427	
Title: Name: Address: City-St-Zip:	STERN, KYLE C	Delete E 200, 6220 OLD DOBBIN LN. 21045		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES () DOBERRENDER, DOBERRENDER, DOBERN RD EMINNETONKA, M	EAST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () E SPARKMAN, DAN 9900 BREN RD E MINNETONKA, M	≣		Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition SPARKMAN, DAVID L 6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427	

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: JUNAITA B LUIS ASEC 04/13/2009