

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002999

FILED
Jun 16, 2010
Secretary of State

Entity Name: DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 1459
MN012-S117
MINNEAPOLIS, MN 554401459

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: D
Name: EMERSON, PAUL
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: S
Name: RYAN, TIMOTHY F
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: P
Name: KLISTER, STEVEN
Address: 6300 OLSON MEMORIAL HIGHWAY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: ASST
Name: HUNTLEY DILL, MICHELLE
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

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

Title: DIR
Name: SOUZA, DIANE
Address: 450 COLUMBUS BLVDE
City-St-Zip: HARTFORD, CT 06103

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE HUNTLEY DILL

ASS

06/16/2010

Electronic Signature of Signing Officer or Director

Date