

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002999

FILED
Mar 20, 2012
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:

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

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: PD
Name: OLSEN, KARL JOHN PD
Address: 185 ASYLUM STREET CITY PLACE I
City-St-Zip: HARTFORD, CT 06103

Title: SEC
Name: LEWIS-DAVID, JENNIFER L. SEC
Address: 1632 MYAMBY RD.
City-St-Zip: TOWSON, MD 21286

Title: TREA
Name: OBERRENDER, ROBERT WORTH TREA
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

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: MANDELIN HENDRICKS

POA

03/20/2012

Electronic Signature of Signing Officer or Director

Date