FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90243 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002999

1. Entity Name
DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

90123576

Principal Place of Business	Mailing Address
800 KING FARM BLVD SUITE 600 ROCKVILLE, MD 20850	SAM H DILLARD 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA, MD 20814

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9900 Bren Road Suite, Apt. #, etc. MN008-T410
City & State	City & State Minnetonka, MN
Zip / Country	Zip 55343 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-3645850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FOXMAN, RALPH H 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA, MD 20814	☒ Delete	D David S. Wichmann 9900 Bren Road Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURPHY, EDWARD A 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA, MD 20814	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLBY, RONALD B 9900 BREN ROAD ENT MINNETONKA, MN 55343	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROTH, DEENA G 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA, MD 20814	☒ Delete	S Timothy F. Ryan 9900 Bren Road East Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP RUTH, KEVIN J 7200 WISCONSIN AVE STE 800 BETHESDA, MD 20814	☒ Delete	PD Kevin J. Ruth 800 King Farm Blvd, Suite 600 Rockville, MD 20850	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRYBUS, TIMONTY J 7200 WISCONSIN AVE SUITE 800 BETHESDA, MD 20814	☒ Delete	T Mete Sahin 800 King Farm Blvd Suite 600 Rockville, MD 20850	☐ Change ☒ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Timothy F. Ryan, Secretary 952-936-1939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #