2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000007554

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

VOLUNTARY BENEFITS COMPANY OF AMERICA, L.L.C.

Principal Place of Business	Mailing Address
820 N. ORLEANS ST., STE 201 CHICAGO IL 60610	820 N. ORLEANS ST., STE 201 CHICAGO IL 60610-3132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4271589 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** 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.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CASHMAN, ALAN 820 N. ORLEANS ST., STE 201 CHICAGO IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900031937494--4 -04/03/00--01118--025 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAVIDSON, JAMES 820 N. ORLEANS ST., STE 201 CHICAGO IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STEPNOWSKI, CHARLES 820 N. ORLEANS ST., STE 201 CHICAGO IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HUNT, JAMES 820 N. ORLEANS ST., STE 201 CHICAGO IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAVIDSON, STEVEN 820 N. ORLEANS ST., STE 201 CHICAGO IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BENEFIT COMMUNICATIONS, INC. 820 N. ORLEANS ST., STE 201 CHICAGO IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Alan Cashman 2/25/2000 206 343 5655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #