2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007554

1. Entity Name
VOLUNTARY BENEFITS COMPANY OF AMERICA, L.L.C.

FILED
00 MAR 14 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE MGR ☐ Delete NAME CASHMAN, ALAN STREET ADDRESS 820 N. ORLEANS ST., STE 201 CITY-ST-ZIP CHICAGO IL 60610		TITLE ☐ Change ☐ Addition NAME 900003193749--4 STREET ADDRESS -04/03/00--01118--025 CITY-ST-ZIP *****50.00 *****50.00	
TITLE MGR ☐ Delete NAME DAVIDSON, JAMES STREET ADDRESS 820 N. ORLEANS ST., STE 201 CITY-ST-ZIP CHICAGO IL 60610		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR ☐ Delete NAME STEPNOWSKI, CHARLES STREET ADDRESS 820 N. ORLEANS ST., STE 201 CITY-ST-ZIP CHICAGO IL 60610		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR ☐ Delete NAME HUNT, JAMES STREET ADDRESS 820 N. ORLEANS ST., STE 201 CITY-ST-ZIP CHICAGO IL 60610		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR ☐ Delete NAME DAVIDSON, STEVEN STREET ADDRESS 820 N. ORLEANS ST., STE 201 CITY-ST-ZIP CHICAGO IL 60610		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR ☐ Delete NAME BENEFIT COMMUNICATIONS, INC. STREET ADDRESS 820 N. ORLEANS ST., STE 201 CITY-ST-ZIP CHICAGO IL 60610		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

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 5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)

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