2000 UNIFORM BUSINESS REPORT (UBR)

pg. 1 of 2

DOCUMENT # M75064

1. Entity Name
Employee Benefits Management, Inc.

Principal Place of Business — Mailing Address

FILED
00 APR 25 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
402 43rd St. West		2621 VAN BUREN AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bradenton, FL		City & State: NORRISTOWN PA	
Zip: 34209	Country:	Zip: 19403	Country: USA

4. FEI Number: 65-0037547 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See Attached — ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT & CEO CRAIG P. COY 2621 VAN BUREN AVE NORRISTOWN PA 19403	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXEC. V.P. AVEN A. KERR 2621 VAN BUREN AVE NORRISTOWN PA 19403	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CHRISTINA D. HARRIS 2621 VAN BUREN AVE NORRISTOWN PA 19403	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER EDWIN A. NEUMANN 2621 VAN BUREN AVE NORRISTOWN PA 19403	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700003246087--8 -05/10/00--01012--013 ****150.00 ****150.00	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] EDWIN A. NEUMANN — 4/5/2000 — 610-650-4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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0008239

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M75064**

1. Corporation Name

EMPLOYEE BENEFITS MANAGEMENT, INC.

Principal Place of Business

402 43RD STREET WEST
FL 34205

Mailing Address

1016 W. 9TH AVENUE
ATTN: ~~TAX DEPARTMENT~~ Legal Dept.
KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/04/1988

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

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 65-0037547 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	SCHUBERT, THOMAS D		1.2 NAME		
STREET ADDRESS	1016 W NINTH AVE		1.3 STREET ADDRESS	2621 Van Buren Ave.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		1.4 CITY-ST-ZIP	Norristown PA 19403	
TITLE	VD	☐ DELETE	2.1 TITLE	V.P. D	☑ Change ☑ Addition
NAME	LOCILENTO, ARTHUR		2.2 NAME	Kerr, Owen	
STREET ADDRESS	1016 W. 9TH AVENUE		2.3 STREET ADDRESS	2621 Van Buren Ave.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		2.4 CITY-ST-ZIP	Norristown PA 19403	
TITLE	SV	☑ DELETE	3.1 TITLE	S	☐ Change ☑ Addition
NAME	MARTINO, MARIE		3.2 NAME	Binstein, Richard	
STREET ADDRESS	1016 W. 9TH AVENUE		3.3 STREET ADDRESS	2621 Van Buren Ave	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		3.4 CITY-ST-ZIP	Norristown PA 19403	
TITLE	DP	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	HULBER, LOREN J		4.2 NAME		
STREET ADDRESS	1016 W NINTH AVE		4.3 STREET ADDRESS	2621 Van Buren Ave	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		4.4 CITY-ST-ZIP	Norristown PA 19403	
TITLE	V	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	BOYD, JAMES E		5.2 NAME		
STREET ADDRESS	1016 W NINTH AVE		5.3 STREET ADDRESS	2621 Van Buren Ave	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		5.4 CITY-ST-ZIP	Norristown PA 19403	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E022 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Richard S. Binstein 1/11/99 610/992-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #