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Secretary of State

PROFIT
~~CORPORATION~~
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06657** **(1)**

1. Corporation Name
BENEFITSCORP EQUITIES, INC.

Principal Place of Business	Mailing Address
8515 E. ORCHARD RD. ENGLEWOOD CO 80111	8515 E. ORCHARD RD. ENGLEWOOD CO 80111-5097

3. Date Incorporated or Qualified: **07/08/1985**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **84-0965407** ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SELLER, GREGG E.		1.2 NAME		
STREET ADDRESS	3699 WILSHIRE BLVD STE 675		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, JACK		2.2 NAME		
STREET ADDRESS	8515 E. ORCHARD RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BYRNE, BEVERLY A.		3.2 NAME		
STREET ADDRESS	8515 E. ORCHARD ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DERBACK, GLEN R.		4.2 NAME		
STREET ADDRESS	8515 E ORCHARD ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, CHARLES		5.2 NAME		
STREET ADDRESS	500 108TH AVENUE NE, SUITE 2180		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIE WA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, ROBERT K		6.2 NAME		
STREET ADDRESS	8515 E ORCHARD ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80111		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Beverly A. Byrne Beverly A. Byrne, Asst. Secretary 1/15/97 (303) 689-3817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496527