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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:35

DOCUMENT # P09508 (3)

1. Corporation Name
EMPLOYEE BENEFIT PLANS, INC.

Principal Place of Business	Mailing Address
435 FORD ROAD, STE 500 MINNEAPOLIS MN 55426	435 FORD ROAD, STE 500 MINNEAPOLIS MN 55426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1986
3a. Date of Last Report: 04/19/1994

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 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 04-2907655 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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	CEOP	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAM E. SAGAN	12 NAME	
STREET ADDRESS	435 FORD RD STE 500	13 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	RYGG, MARY L	22 NAME	
STREET ADDRESS	435 FORD RD STE 500	23 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BETCHER, KURT L	32 NAME	
STREET ADDRESS	435 FORD RD STE 500	33 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, JEFFERY L	42 NAME	
STREET ADDRESS	435 FORD ROAD SUITE 500	43 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	KUCK, TIMOTHY W	52 NAME	
STREET ADDRESS	435 FORD ROAD, SUITE 500	53 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JAMES B. LOCKHART	62 NAME	
STREET ADDRESS	3300 PIPER JAFFRAY TOWER, 222 S. 9 STREET	63 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gary R. Macomber 2-6-95 (612) 546-4353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0467417 FP