FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 03/21/1986	3a. Date of Last Report: 02/16/1995
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: xx Yes ☐ No	

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

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)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOP	xx DELETE	1.1 TITLE	W. Terry Nofsinger	☐ Change ☐ Addition
NAME	WILLIAM E. SAGAN		1.2 NAME	CEO	xx
STREET ADDRESS	435 FORD RD STE 500		1.3 STREET ADDRESS	6975 Union Park Center, Suite 600	
CITY-ST-ZIP	MINNEAPOLIS MN 55426		1.4 CITY-ST-ZIP	Midvale, UT 84047	
TITLE	V	xx DELETE	2.1 TITLE	Randolph L. M. Hutto	xx Change ☐ Addition
NAME	RYGG, MARY L		2.2 NAME	COB, VP, Asst. Secretary, Director	
STREET ADDRESS	435 FORD RD STE 500		2.3 STREET ADDRESS	5660 New Northside Drive, Suite 1400	
CITY-ST-ZIP	MINNEAPOLIS MN 55426		2.4 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	V	xx DELETE	3.1 TITLE	CFO	xx Change ☐ Addition
NAME	BETCHER, KURT L		3.2 NAME	Thomas S. Stroh	
STREET ADDRESS	435 FORD RD STE 500		3.3 STREET ADDRESS	435 Ford Road	
CITY-ST-ZIP	MINNEAPOLIS MN 55426		3.4 CITY-ST-ZIP	Minneapolis, MN 55426	
TITLE	V	xx DELETE	4.1 TITLE	VP, General Counsel	☐ Change ☐ Addition
NAME	WRIGHT, JEFFERY L		4.2 NAME	Charles F. Montreuil	*same
STREET ADDRESS	435 FORD ROAD SUITE 500		4.3 STREET ADDRESS	435 Ford Road	
CITY-ST-ZIP	MINNEAPOLIS MN 55426		4.4 CITY-ST-ZIP	Minneapolis, MN 55426	
TITLE	xx	☐ DELETE	5.1 TITLE	P/S	xx Change ☐ Addition
NAME	KUCK, TIMOTHY W		5.2 NAME		
STREET ADDRESS	435 FORD ROAD, SUITE 500		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55426		5.4 CITY-ST-ZIP		
TITLE	D	xx DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JAMES B. LOCKHART		6.2 NAME		
STREET ADDRESS	3300 PIPER JAFFRAY TOWER, 222 S. 9 STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55437		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Charles F. Montreuil (612) 546-4353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #