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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

435 FORD ROAD, STE 500
MINNEAPOLIS MN 55426

Mailing Address

435 FORD ROAD, STE 500
MINNEAPOLIS MN 55426-4912

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/21/1986

3a. Date of Last Report

02/28/1996

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

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
NOFSINGER, W. TERRY
6975 UNION PARK CENTER SUITE 600
MIDVALE UT

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAV
HUTTO, RANDOLPH
5000 NEW NORTHSIDE DRIVE SUITE 1400
ATLANTA GA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
STROH, THOMAS S.
435 FORD ROAD
MINNEAPOLIS MN

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPGC
MONTREUIL, CHARLES
435 FORD ROAD
MINNEAPOLIS MN

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
KUCK, TIMOTHY W
435 FORD ROAD, SUITE 500
MINNEAPOLIS MN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
PCEO
George W. Dreisbach III
6975 Union Park Center, Suite 600
Midvale, UT 84047

☒ Change ☒ Addition

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
SVPGCAS
David R. Money
6975 Union Park Center, Suite 600
Midvale, UT 84047

☐ Change ☒ Addition

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

5/1/97

(612) 546-4353

CR2E034 (9/96)