SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 14 AM 9:31

DOCUMENT # **P14528** **(4)**

1. Corporation Name
BENEFIT DESIGNS, INC.

Principal Place of Business	Mailing Address
7265 KENWOOD ROAD SUITE 315 CINCINNATI OH 45236	7265 KENWOOD ROAD SUITE 315 CINCINNATI OH 45236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1987
3a. Date of Last Report: 07/05/1994

2. Principal Place of Business (21):
2a. Mailing Address (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: 31-0931901 ☐ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	HINDERT, PATRICK J.	12 NAME	
STREET ADDRESS	3 ELM LEDGE	13 STREET ADDRESS	
CITY ST ZIP	TERRACE PARK OH	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	DEHNER, JOSEPH J.	22 NAME	
STREET ADDRESS	822 YAK	23 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HINDERT, LOUISE	32 NAME	
STREET ADDRESS	3 ELM LEDGE	33 STREET ADDRESS	
CITY ST ZIP	TERRACE PARK OH	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	LITTLE, THOMAS W.	42 NAME	
STREET ADDRESS	7111 ST. EDMUNDS	43 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MEYERS, KAREN D.	52 NAME	
STREET ADDRESS	7903 HICKORY HILL	53 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	SEWELL, MONIQUE A.	62 NAME	
STREET ADDRESS	10040 BENNINGTON DR.	63 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH	64 CITY ST ZIP	

CR2E094 (3/95)

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: Monique A Sewell MONIQUE A. SEWELL 6/5/95 (513)891-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0181847 FN