

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 26 1998 8:00am
Secretary of State

DOCUMENT # **P14528**

(4)

1. Corporation Name
BENEFIT DESIGNS, INC.

Principal Place of Business

7265 KENWOOD ROAD
SUITE 315
CINCINNATI OH 45236

Mailing Address

7265 KENWOOD ROAD
SUITE 315
CINCINNATI OH 45236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1987

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		31-0931901		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		29		30	
24		25		29		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T
NAME	HINDERT, PATRICK J.	1.2 NAME	Candace L. Naz
STREET ADDRESS	3 ELM LEDGE	1.3 STREET ADDRESS	9745 Bunker Hill Lane
CITY-ST-ZIP	TERRACE PARK OH	1.4 CITY-ST-ZIP	Cincinnati OH 45242
TITLE	S	2.1 TITLE	
NAME	DEHNER, JOSEPH J.	2.2 NAME	
STREET ADDRESS	822 YAK	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HINDERT, LOUISE	3.2 NAME	
STREET ADDRESS	3 ELM LEDGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TERRACE PARK OH	3.4 CITY-ST-ZIP	
TITLE	I	4.1 TITLE	
NAME	SEWELL, MONIQUE A.	4.2 NAME	
STREET ADDRESS	10040 BENNINGTON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Candace L. Naz
Candace L. Naz, Treasurer 1-8-98 513-891-6300

CR2E034 (10/97)