

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90148 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14528

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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HINDERT, PATRICK J.	
STREET ADDRESS	3 ELM LEDGE	
CITY-ST-ZIP	TERRACE PARK OH	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DEHNER, JOSEPH J.	
STREET ADDRESS	822 YAK	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NAZ, CANDACE L	
STREET ADDRESS	9745 BUNKER HILL LANE	
CITY-ST-ZIP	CINCINNATI OH 45242	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID V. RINGLER	
1.3 STREET ADDRESS	7265 KENWOOD ROAD, SUITE 315	
1.4 CITY-ST-ZIP	CINCINNATI, OH 45236	
2.1 TITLE	VP, SEC., TREAS., DIRECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARK C. COLEMAN	
2.3 STREET ADDRESS	7265 KENWOOD ROAD, SUITE 315	
2.4 CITY-ST-ZIP	CINCINNATI, OH 45236	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID EHLEN	
3.3 STREET ADDRESS	7265 KENWOOD ROAD, SUITE 315	
3.4 CITY-ST-ZIP	CINCINNATI, OH 45236	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ERIC WATTS	
4.3 STREET ADDRESS	7265 KENWOOD ROAD, SUITE 315	
4.4 CITY-ST-ZIP	CINCINNATI, OH 45236	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

DAVID V. RINGLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

714-429-5500

Daytime Phone #

CR2E034 (1/98)