FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P16454 (1)

1. Corporation Name
APPLIED BENEFITS RESEARCH, INC.

Principal Place of Business
ATTN: ACCOUNTS PAYABLE DEPARTMENT
34125 US HIGHWAY 19 NORTH, STE. 300
PALM HARBOR FL 34684-2116

Mailing Address
ATTN: ACCOUNTS PAYABLE DEPARTMENT
34125 US HIGHWAY 19 NORTH, STE. 300
PALM HARBOR FL 34684-2116

95 ... SECRETARY ... TALLAHASSEE ... FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1987
3a. Date of Last Report: 04/25/1994
4. FEI Number: 22-2801288 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

9. Name and Address of Current Registered Agent

CORP. INFORMATION SERVICES INC
1201 HAYES STREET
TALLAHASSEE FL 32301

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

TITLE	VD
NAME	HOOD, STEPHEN R.
STREET ADDRESS	34125 US HWY 19 N. SUITE 300
CITY-ST-ZIP	PALM HARBOR FL 34684-2116
TITLE	CD
NAME	MACDOUGALD, JAMES E.
STREET ADDRESS	34125 US HWY 19 N. STE 300
CITY-ST-ZIP	PALM HARBOR FL 34684-2116
TITLE	VSD
NAME	MACDOUGALD, SUZANNE
STREET ADDRESS	34125 US HWY 19 N. STE 300
CITY-ST-ZIP	PALM HARBOR FL 34684-2113
TITLE	V
NAME	METCALFE, RANDOLPH C.
STREET ADDRESS	3315 HAVILAND CT
CITY-ST-ZIP	PALM HARBOR FL
TITLE	VT
NAME	ADDONISIO,VINCENT
STREET ADDRESS	34125 US HWY 19 N. STE 300
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	V
NAME	WASSEL,JIM
STREET ADDRESS	34125 US HWY 19 N.
CITY-ST-ZIP	PALM HARBOR FL 34684

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☐ Change ☒ Addition
12 NAME	COSTELLO, THOMAS F.	
13 STREET ADDRESS	34125 U.S. HWY 19 NORTH	
14 CITY-ST-ZIP	PALM HARBOR, FL 34684-2116	
21 TITLE	D	☐ Change ☒ Addition
22 NAME	GOLDMAN, MARK M.	
23 STREET ADDRESS	34125 U.S. HWY 19 NORTH	
24 CITY-ST-ZIP	PALM HARBOR, FL 34684-2116	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: Vincent Addonisio, SRVP & CFO 4-27-95 (813) 785-2819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VINCENT ADDONISIO

0367003 CP