

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 2/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P20776

(1)

1. Corporation Name

DESIGN BENEFIT PLANS, INC.

Principal Place of Business

1750 E. GOLF RD.
SCHAUMBURG IL 61073
US

Mailing Address

5005 W ROYAL LN
IRVING TX 75063-2516

FILED

95 JUL 25 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/07/1988

3a. Date of Last Report
03/18/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

25 1750 E. Golf Road

27 Suite, Apt. #, etc.

28 City & State

28 Schaumburg, IL

29 Zip Country

29 60173

30 USA

4. FEI Number
36-3496297

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

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

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

(Date)

12. OFFICERS AND DIRECTORS

TITLE RD
NAME NAUERT, PETER
STREET ADDRESS 5019 PARLIAMENT PLACE
CITY ST ZIP ROCKFORD IL

TITLE VD
NAME VANLEET, W. B.
STREET ADDRESS 811 COOLIDGE PLACE
CITY ST ZIP ROCKFORD IL

TITLE VP
NAME FISCHER, CARL H.
STREET ADDRESS 20587 N MEADOW LANE
CITY ST ZIP BARRINGTON IL

TITLE I
NAME VICKERS, DAVID
STREET ADDRESS 1750 E. GOLF RD.
CITY ST ZIP SCHAUMBURG IL

TITLE S
NAME PINZUR, ROBERT S.
STREET ADDRESS 1750 E. GOLF RD.
CITY ST ZIP SCHAUMBURG IL

TITLE D
NAME CAUATAIO, MICHAEL A.
STREET ADDRESS 1750 E. GOLF RD.
CITY ST ZIP SCHAUMBURG IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☒ Addition
1.2 NAME Ernest T. Giambra
1.3 STREET ADDRESS 1750 E. Golf Road
1.4 CITY ST ZIP Schaumburg, IL 60173

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Secretary
5.3 STREET ADDRESS A. Clark Waid, III
5.4 CITY ST ZIP 260 Shoreline LB5
5.5 CITY ST ZIP Barrington, IL 60010

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Michael A. Cavataio
6.3 STREET ADDRESS
6.4 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)(b), 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 typed or printed name of signing officer or director)

Date

(Signature typed or printed name of signing officer or director)

CR2E034 (3/95)