

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

1750 E GOLF ROAD
SCHAUMBURG IL 60173
US

3. Date Incorporated or Qualified
09/07/1988

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 PD ☐ DELETE

1.1 TITLE President ☒ Change ☐ Addition

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

12 NAME Ernest T. Giambra
13 STREET ADDRESS 1750 E. Golf Road
14 CITY-ST-ZIP Schaumburg, IL 60173

TITLE VD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME VANVLEET, W. B.
STREET ADDRESS 811 COOLIDGE PLACE
CITY-ST-ZIP ROCKFORD IL

TITLE D ☐ DELETE

3.1 TITLE Executive Vice President ☒ Change ☐ Addition

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

TITLE T ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

TITLE S ☒ DELETE

5.1 TITLE Secretary ☒ Change ☐ Addition

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

52 NAME A. Clark Waid, III
53 STREET ADDRESS 1750 E. Golf Road
54 CITY-ST-ZIP Schaumburg, IL 60173

TITLE D ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

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

62 NAME Michael A. Cavataio
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)(k), 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:

A. Clark Waid III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(847) 995-0400

CR2E034 (12/95)