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FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
\* CORPORATION  
ANNUAL REPORT  
1997



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 60173-5835  
US



3. Date Incorporated or Qualified

09/07/1988

3a. Date of Last Report

01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 of officer, director, or registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

XXX Director  
GIAMBRA, ERNEST T  
1750 E. GOLF ROAD  
SCHAUMBURG IL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
VANLEET, W. B  
811 COOLIDGE PLACE  
ROCKFORD IL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

EVP  
FISCHER, CARL H.  
20587 N MEADOW LANE  
BARRINGTON IL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
VICKERS, DAVID  
1750 E. GOLF RD.  
SCHAUMBURG IL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
WAID, A. C III  
1750 E. GOLF ROAD  
SCHAUMBURG IL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
CAVATTO, MICHAEL A  
1750 E. GOLF RD.  
SCHAUMBURG IL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

President & Director  
Peter W. Mauert  
1750 E. Golf Road  
Schaumburg, IL 60173

☒ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

7250 E. Arlington Road  
Scottsdale, AZ 85250

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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:

*A. Clark Wald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

A. Clark Wald, Secretary

1/20/97

(847)995-0400

Date

Daytime Phone #

CR2E034 (9/96)