

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

03-31-2004 90026 025 ****50.00
07-26-2004 90011 019 ***150.00

DOCUMENT # P20776



1. Entity Name
DESIGN BENEFIT PLANS, INC.

Principal Place of Business
**11825 N. PENNSYLVANIA ST.
CARMEL, IN 46032**

Mailing Address
**11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032**

44049982



2. Principal Place of Business
11825 N. PENNSYLVANIA ST

3. Mailing Address
11825 N. PENNSYLVANIA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004 Chg-P CR2E034 (10/03)

City & State
CARMEL, IN 46032

City & State
CARMEL, IN

4. FEI Number
36-3496297

Applied For
Not Applicable

Zip
46032

Country

Zip
46032

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS HERZOG, DAVID K 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGAKOPOULOS, ELIZABETH C 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DEVANNEY, WILLIAM T JR. 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZOG, DAVID K 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS DYKHOUSE, RICHARD R 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT MURPHY, DANIEL J 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM J. SHEA 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE BULLIS 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARL W. KINDIG 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VP WILLIAM T. DEVANNEY, JR. 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL J. MURPHY 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karl W. Kindig* **KARL W. KINDIG, SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-2004

317-817-6000