## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # P20776  1. Enlity Name  DESIGN BENEFIT PLANS, INC.						05-05-2003 90109 007 ***150.00		
	DO NOT WRITI	E IN THIS	SPAC	<b>E</b>				
	Place of Business	3. Mailing Address	, Mailing Address 11815 N. PENNSYLVANIA ST.					
Suite, Apt.	I. PENNSYLVANIA ST. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State City & State						4. FEI Number Applied For		
CARMEL, IN		CARMEL, IN			4, 1,	6-3496297		Not Applicable
Zip 46032	Country	Zip 46032	Count	iry	<b>5.</b> C	ertificate of Status Desired		8.75 Additional se Required
The State As				Name		ne and Address of Current	Registered A	gent
	DO NOT V		CI CORPORATION STSTEM					
			Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				1200	SOUTH PI	NE ISLAND RD.		;
				City Pt	ANTATIO	NTATION FL Zip Code 33324		
	Signature, typed or printed name of registered age nuary 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	*	(NOTE: Registered	l Agent signati	re required when rein	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees
10.	OFFICERS ANI	D DIRECTORS	( 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM J. SHEA 11815 N. PENNSYLVAN CARMEL, IN 46032	IIA ST.	The second second	-,,,				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	SVP WILLIAM T. DEVAN 11815 N. PENNSYLVANI CARMEL, IN 46032		11.50	T ADDRESS ST. ZIP				· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-SI-ZIP	AS KARL W. KINDIG 11815 N. PENNSYLVANI CARMEL, IN 46032	A ST.	F 12 707 70	T ADDRESS ST-ZIP		DO NOT	WRIT	E
TITLE NAME STREET ADDRESS CHY-ST-ZIP	SVPT DANIEL J. MURPH 11815 N. PENNSYLVANI CARMEL, IN 46032			o far di o colo 🛊		IN THIS S	SPAC	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D EUGENE M. BULLIS 11815 N. PENNSYLVANI CARMEL, IN 46032		NAME STREE	T ADDRESS ST-ZIP				
TITLE NAME			F. J. Standing	TEN U	1 1 1 1 1			
STREET ADDRESS CITY-ST-ZIP				1 ADDRESS ST. ZIP	Fr. and a			

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 on an attachment with an address, with all other the empowered.

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

317-817-6000

Daylime Phone #