


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36128
1. Corporation Name
MEMBER BENEFIT SERVICES, INC.

(7)



Principal Place of Business
13016 N WALTON BLVD
BENTONVILLE AR 72712
US

Mailing Address
P.O. BOX 1760
BENTONVILLE AR 72712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1991	
21		26		4. FEI Number 71-0674758	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DIRECT EFFECT MKTG/GLEN KELLY 4568 HIDDENVIEW PL SARASOTA FL 34235				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTC	<input type="checkbox"/> DELETE		11. TITLE	Chairman / Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOOTER, JOHN W.			12. NAME			
STREET ADDRESS	606 ENFIELD			13. STREET ADDRESS			
CITY-ST-ZIP	BENTONVILLE AR			14. CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, ALLAN			2.2. NAME			
STREET ADDRESS	504 NE A ST			2.3. STREET ADDRESS			
CITY-ST-ZIP	BENTONVILLE AR			2.4. CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UHLEMEYER, GARY			3.2. NAME			
STREET ADDRESS	10825 WATSON ROAD			3.3. STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS MO			3.4. CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAY, BONNIE M.			4.2. NAME			
STREET ADDRESS	P.O. BOX 1817			4.3. STREET ADDRESS			
CITY-ST-ZIP	BENTONVILLE AR			4.4. CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1. TITLE	Resident	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PROFFER, RONALD F.			5.2. NAME			
STREET ADDRESS	9 MISSION HILLS			5.3. STREET ADDRESS			
CITY-ST-ZIP	ROGERS AR			5.4. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2. NAME			
STREET ADDRESS				6.3. STREET ADDRESS			
CITY-ST-ZIP				6.4. CITY-ST-ZIP			

14. 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 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:



Allan Davis

3/18/98

501-273-1333

CR2E034 (10/97)