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May 07 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 # V08901 (3)  
1. Corporation Name  
BENEFITS ADMINISTRATION, INC.



Principal Place of Business  
P.O. BOX 456  
ELIZABETH CITY NC 27807-0456  
US

Mailing Address  
870 GREENBRIAR CIRCLE  
SUITE 400  
CHESAPEAKE VA 23320-2641

2. Principal Place of Business  
21 870 Greenbrier Circle  
Suite, Apt. #, etc.  
22 Suite 400  
City & State  
23 Chesapeake, VA  
Zip Country  
24 23320 25 USA

2a. Mailing Address  
26 Greenbrier  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

3. Date Incorporated or Qualified 01/24/1992  
3a. Date of Last Report 06/28/1996  
4. FEI Number 74-2755422  
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  
CAPITOL SERVICES  
1406 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
1. PTS KIDD, TOM ☐ DELETE  
P.O. BOX 456 N/A  
ELIZABETH CITY NC 27807-0456  
2. CO ACKERLEY, JANET ☐ DELETE  
870 GREENBRIER CIRCLE, SUITE 400  
CHESAPEAKE VA 23320  
3. EVP BUCK, LESLIE ☐ DELETE  
870 GREENBRIER CIRCLE, SUITE 400  
CHESAPEAKE VA 23320  
4. VP WARNER, CHARLES ☒ DELETE  
870 GREENBRIER CIRCLE, SUITE 400  
CHESAPEAKE VA 23320  
5. VP GREENE, ROBERT ☒ DELETE  
870 GREENBRIER CIRCLE, SUITE 400  
CHESAPEAKE VA 23320  
6. VP LOCKMAN, LOREN ☒ DELETE  
870 GREENBRIER CIRCLE, SUITE 400  
CHESAPEAKE VA 23320

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE CHAIRMAN/CEO ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 870 Greenbrier Circle, #400  
1.4 CITY-ST-ZIP Chesapeake, VA 23320  
2.1 TITLE President/COO ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: \_\_\_\_\_ 4/25/97 752-938-9852

CR2E034 (9/96)