

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08901
1. Corporation Name
BENEFITS ADMINISTRATION, INC.

(3)

FILED

98 APR 30 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

870 GREENBRIER CIRCLE
STE 400
CHESAPEAKE VA 23320
US

870 GREENBRIER CIRCLE
STE 400
CHESAPEAKE VA 23320
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 01/24/1992 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 74-2755422 | |
| 24 Country | | 29 Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CAPITOL SERVICES~~
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Robert J. Hill, Pres* DATE 4/30/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | CCEO <input type="checkbox"/> DELETE | 1.1 TITLE | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KIDD, TOM | 1.2 NAME | Vera L. Harrell |
| STREET ADDRESS | 870 GREENBRIER CIRCLE STE 400 | 1.3 STREET ADDRESS | 870 Greenbrier Circle, # 400 |
| CITY-ST-ZIP | CHESAPEAKE VA | 1.4 CITY-ST-ZIP | Chesapeake, VA 23320 |
| TITLE | PCO <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | ACKERLEY, JANET | 2.2 NAME | |
| STREET ADDRESS | 870 GREENBRIER CIRCLE, SUITE 400 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHESAPEAKE VA | 2.4 CITY-ST-ZIP | |
| TITLE | EVP <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | BUCK, LESLIE | 3.2 NAME | |
| STREET ADDRESS | 870 GREENBRIER CIRCLE, SUITE 400 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHESAPEAKE VA 23320 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| 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.

CR2E034 (10/97)