

No. <b>C 150566</b>		Due no later than Aug 31, 2009 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> DENTAL BENEFIT PROVIDERS, INC. MARGARET LINDNER PO BOX 1459 MN012-S117 MINNEAPOLIS MN 55440-1459 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	STEVEN J KLISTER	6220 OLD DOBBIN LANE #200	COLUMBIA	MD	USA	21045
SECRETARY	TIMOTHY F RYAN	6300 OLSON MEMORIAL HWY	GOLDEN VALLEY	MN	USA	55427
DIRECTOR	PAUL B HEBERT	100 NORTHFIELD DR	WINDSOR	CT	USA	06095
DIRECTOR	DAVID L SPARKMAN	6300 OLSON MEMORIAL HWY	GOLDEN VALLEY	MN	USA	55427
DIRECTOR	DIANE D SOUZA	100 NORTHFIELD DR	WINDSOR	CT	USA	06095
TREASURER	ROBERT W OBERRENDER	9900 BREN RD E	MINNETONKA	MN	USA	55343
5. Organized Under the Laws of:  <b>DE C 150566</b>		6. Annual Report must be signed.* Signature: Juanita B Luis Name (type or print): Juanita B Luis Date: 08/21/2009 Title: Assistant Secretary				
Processed 08/21/2009		* Electronically provided signatures are accepted as original signatures.				