

No. C 150566		Due no later than Aug 31, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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	PAUL H GULSTRAND	6300 OLSON MEMORIAL HIGHWAY	GOLDEN VALLEY	MN	USA	55427	
SECRETARY	TIMOTHY F RYAN	9900 BREN RD E	MINNETONKA	MN	USA	55343	
DIRECTOR	KYLE C STERN	LIBERTY 6, SUITE 200 6220 OLD DOBBIN LN	COLUMBIA	MD	USA	21045	
DIRECTOR	DAVID L SPARKMAN	9900 BREN RD E	MINNETONKA	MN	USA	55343	
DIRECTOR	JOHN A WAY	9900 BREN RD E	MINNETONKA	MN	USA	55343	
TREASURER	ROBERT W OBERRENDER	9900 BREN RD E	MINNETONKA	MN	USA	55343	
5. Organized Under the Laws of: DE C 150566		6. Annual Report must be signed.* Signature: Juanita Luis Name (type or print): Juanita Luis Date: 08/22/2008 Title: Assistant Secretary					
Processed 08/22/2008		* Electronically provided signatures are accepted as original signatures.					