

No. C 161033		Due no later than Jun 30, 2009 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. AMERICAN BENEFIT PLAN ADMINISTRATORS, INC. JEFF BELL ATTN LEGAL DEPT 3501 FRONTAGE RD TAMPA FL 33607		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 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	
DIRECTOR	NED H VILLERS	333 W. WACKER DR SUITE 1620	CHICAGO	IL	USA	60606	
DIRECTOR	STEVEN D COSLER	333 W. WACKER DR SUITE 1620	CHICAGO	IL	USA	60606	
PRESIDENT	JEFFERY W BAK	3501 FRONTAGE RD	TAMPA	FL	USA	33607	
SECRETARY	JEFFERY W BAK	3501 FRONTAGE RD	TAMPA	FL	USA	33607	
DIRECTOR	JEFFERY W BAK	3501 FRONTAGE RD	TAMPA	FL	USA	33607	
TREASURER	ARTHUR T SCHULTZ	3501 FRONTAGE RD	TAMPA	FL	USA	33607	
5. Organized Under the Laws of: CA C 161033		6. Annual Report must be signed.* Signature: Jeffery W. Bak Name (type or print): Jeffery W. Bak					
		Date: 04/17/2009 Title: President					
Processed 04/17/2009		* Electronically provided signatures are accepted as original signatures.					