

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000003693

FILED  
Jan 20, 2003  
Secretary of State

Entity Name: EXECUTIVE BENEFIT SERVICES, INC.

**Current Principal Place of Business:**

454 FAYETTEVILLE STREET  
SUITE 1160  
RALEIGH, NC 27601

**New Principal Place of Business:**

**Current Mailing Address:**

711 HIGH STREET  
DES MOINES, IA 503920306

**New Mailing Address:**

FEI Number: 56-1767012      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CURRAN, MICHAEL G  
Address: 711 HIGH STREET  
City-St-Zip: DES MOINES, IA 50392

Title: VS ( ) Delete  
Name: HOFFMAN, JOYCE N  
Address: 711 HIGH STREET  
City-St-Zip: DES MOINES, IA 50392

Title: V ( ) Delete  
Name: LAVERICK, BLAINE W  
Address: 711 HIGH STREET  
City-St-Zip: DES MOINES, IA 50392

Title: V ( ) Delete  
Name: DORTON, GARY  
Address: 711 HIGH STREET  
City-St-Zip: DES MOINES, IA 50392

Title: AS ( ) Delete  
Name: BARRY, PATRICIA A  
Address: 711 HIGH STREET  
City-St-Zip: DES MOINES, IA 50392

Title: TD ( ) Delete  
Name: SLEPICKA, ROBERT A  
Address: 711 HIGH STREET  
City-St-Zip: DES MOINES, IA 50392

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. BARRY

AS

01/20/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date