# F08000003727

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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#### **COVER LETTER**

Afflendment Section
Division of Corporations

SUBJECT: Contractors Employee Benefits Administration, Inc.  (Name of Corporation)		
DOCUMENT NUMBER: F08000003727		
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Sandy Coach (Name of Contact Person)		
Contractors Employee Benefits Administration, Inc. (Firm/Company)		
6300 Bridgepoint Parkway, Bldg. 3 Suite 500 (Address)		
Austin, TX 78730 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Sandy Coach at (512) 652-7545 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check made payable to the Florida Department of State for the following amount:		
\$35.00 Filing Fee  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)		

Mailing Address:
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E127 (8/08)



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:		
Contractors Employee Benefits Administ	ration, Inc.	
2. This entity was authorized to transact business in number is F08000003727	Florida on 8-25-08 and its Florida doment	
3. This corporation was formed under the laws of	elaware P	
4. The name and address of each officer and/or director is as follows:		
<u>Title:</u>	Name and Address	
President	Mary Catherine (Reni) Sakos	
	6300 Bridgepoint Parkway	
	Austin, TX 78730	
Exec. Vice President	Glenn Sue Cline 6300 Bridgepoint Parkway Austin, TX 78730	
VP of Implementation	Patrick David Hagan	
	6300 Bridgepoint Parkway	
	Austin, TX 78730	
<u>VP of Finance</u> /Treasurer	Kathleen Sue Sullivan 6300 Bridgepoint Parkway	
, (Attach additional pag	Austin, TX 78730 ges if necessary)	
nature of an offiger or director	Secretary Title of person signing	

Kristin K. Goodale
Typed or printed name of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Coporations PO Box 6327 Tallahassee, FL 32314

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## Addn'l Officers of Contractors Employee Benefits Administration, Inc.

Kristin Diane Goodale Secretary