

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000047082

1. Entity Name
FOUNDATION BENEFITS ADMINISTRATORS, INC.



Principal Place of Business
6300 BRIDGEPOINT PARKWAY
BUILDING 3, SUITE 400
AUSTIN, TX 78730 US

Mailing Address
6300 BRIDGEPOINT PARKWAY
BUILDING 3, SUITE 400
AUSTIN, TX 78730 US



DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-2836206

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reestablishing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
SAKOS, RENI
6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400
AUSTIN, TX 78730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CLINE, GLENNA
6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400
AUSTIN, TX 78730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GOODALE, KRISTIN
6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400
AUSTIN, TX 78730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SULLIVAN, KATHLEEN
6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400
AUSTIN, TX 78730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000001341051
04/28/05-80141-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

888-368-7910

Daytime Phone #