2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047082

Entity Name: FOUNDATION BENEFITS ADMINISTRATORS, INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6300 BRIDG BUILDING : AUSTIN, TX	3, SUITE 40					
Current Mailing Address:			New Mailing Address:			
6300 BRIDO BUILDING : AUSTIN, TX	3, SUITE 40					
FEI Number:	74-2836206	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CEOD SAKOS, RE 6300 BRIDG AUSTIN, TX	SEPOINT PARKWAY, BLDG 3, STE 400	Title: Name: Address: City-St-Zip:	CEOD (X) Change () Addition SAKOS, MARY CATHERINE 6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400 AUSTIN, TX 78730 US		
Title: Name: Address: City-St-Zip:	P FOX, GLEN 6300 BRIDG AUSTIN, TX	SEPOINT PARKWAY, BLDG 3, STE 400	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CLINE, GLENNA 6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400 AUSTIN, TX 78730 US		
Title: Name: Address: City-St-Zip:	S GOODALE, 6300 BRIDG AUSTIN, TX	SEPOINT PARKWAY, BLDG 3, STE 400	Title: Name: Address: City-St-Zip:	S (X) Change () Addition GOODALE, KRISTIN K 6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400 AUSTIN, TX 78730 US		
Title: Name: Address: City-St-Zip:	SULLIVAN, I	SEPOINT PARKWAY, BLDG 3, STE 400	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D BOON, JIM 6300 BRIDG AUSTIN, TX	(X) Delete SEPOINT PKWY BLDG 3 SUITE 400 78730	Title: Name: Address: City-St-7in:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARY CATHERINE SAKOS CEOD 04/21/2008