


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005063

1. Entity Name
NEA'S MEMBER BENEFITS CORPORATION



Principal Place of Business
**900 CLOPPER ROAD, SUITE 300
 GAITHERSBURG, MD 20878**

Mailing Address
**900 CLOPPER ROAD, SUITE 300
 GAITHERSBURG, MD 20878**

DO NOT WRITE IN THIS SPACE



08252005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-0855767

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ESKELSON, LILY 1201 16TH STREET, NW WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ROEKEL, DENNIS 1201 16TH STREET, NW WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTERA, MICHAEL A 33 KNOB HILL DRIVE MADISON, WI 53713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHOEBUS, EDWARD G 900 CLOPPER ROAD, SUITE 300 GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTIAN, GLORIA 900 CLOPPER ROAD, SUITE 300 GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MENTZER, RONALD 900 CLOPPER ROAD, SUITE 300 GAITHERSBURG, MD 20878

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 09/07/05-80012-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Ronald C. Mentzer **Ronald C. Mentzer** 8/29/05 (301)251-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #