2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Sep 06, 2005 08:00 AM
Secretary of State

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	MENT # F040000050	063		<u>a</u>		·
1. Entity Nam NEA'S M	EMBER BENEFITS CORPOR	RATION				
Principal Plac	e of Business	Mailing Address				
900 CLOPPE	ER ROAD, SUITE 300	900 CLOPPER ROAD, SUITE 3	00			
GAITHERSBU	IRG, MD 20878	GAITHERSBURG, MD 20878		(
					1 BBM BIĞA BBM 8600 BB	# NCIN 2016; END CONT.
]	O NOT WRITE	IN THIS COA	CE	08252005	No Chg-P	CR2E034 (10/03)
Ļ	O NOI WHILE	IN THIS SPA	CE	4. FEI Numb 52-085		Applied For Not Applicabl
		,				£0.75
	and the second s			5. Certificate	of Status Desired	Fee Required
 -	6. Name and Address of Current Re	egistered Agent .	. *** · ***:	المتراشد المراس الماران		<u></u>
	ORATION SYSTEM			· DO	NOT W	RITE
1200 SOUTH PINE ISLAND ROAD			1			
DI ANTATI	ON EL 33328		4			
PLANTATI	ON, FL 33324		-	· -·· · IN ·	THIS SP	ACE
PLANTATI	ON, FL 33324			· - · · IN 1	THIS SP	ACE
8. The above	named entity submits this statement for the	he purpose of changing its register	ed office or regi			
8. The above	named entity submits this statement for the	he purpose of changing its register	ed office or regi			
8. The above	named entity submits this statement for those of registered agent.	-	<u>:-</u>	stered agent, or bo		rida. I am familiar with, and accept
8. The above the obligat	named entity submits this statement for the	-	<u>:-</u>			
The above the obligat SIGNATURE FII	named entity submits this statement for those of registered agent.	-	ed Agent signature req	stered agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept
The above the obligat SIGNATURE FII	named entity submits this statement for the lons of registered agent. Signature, typed or printed name of registered agent and	9. Election Campaign Fina Trust Fund Contribution	ed Agent signature req	stered agent, or bo ulred when reinstating) \$5.00 May Be	th, in the State of Flo	rida. I am familiar with, and accept
5. The above the obligate SIGNATURE. FILE 10.	named entity submits this statement for the consistence agent. Signature, typed or printed name of registered agent and the consistence agent	9. Election Campaign Fina Trust Fund Contribution	ed Agent signature req	stered agent, or bo ulred when reinstating) \$5.00 May Be	in accordance w	DATE pith s. 607.193(2)(b), F.S., the not receive the prior notice.
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12. I hereby certify that the information supplied with this filling 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:

CHRISTIAN, GLORIA

MENTZER, RONALD

900 CLOPPER ROAD, SUITE 300

900 CLOPPER ROAD, SUITE 300

GAITHERSBURG, MD 20878

GAITHERSBURG, MD 20878

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

OWALD C. MENTED RODALL C. Menter 8/29/05
Dates

ATURE AND TYPED OR PRINTED IN USE OF STANING OFFICER ON DIRECTOR

Dates