


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90163 044 ***150.00

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**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

400000-



02282006 Chg-P CR2E034 (11/05)

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**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM BJORK	
STREET ADDRESS	4100 SPENARD RD	
CITY-ST-ZIP	ANCHORAGE AK 99517	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARAH BORGMAN	
STREET ADDRESS	65347 COUNTY RD3	
CITY-ST-ZIP	WAKARUSA IN 46573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN KUZIAK	
STREET ADDRESS	875 E. 5180 ST	
CITY-ST-ZIP	MURRAY UT 84107	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL MANCE	
STREET ADDRESS	301 SECOND AVE. N	
CITY-ST-ZIP	NASHVILLE TN 37201	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERIDAN PEARCE	
STREET ADDRESS	1201 16th ST. NW STE 117	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRI SANDERS	
STREET ADDRESS	1690 FAIRWAY CT	
CITY-ST-ZIP	MOUNTAIN HOME ID 83647	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/25/06 (301) 251-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #