


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90032 032 \*\*\*150.00

**DOCUMENT # F04000005063**

1. Entity Name  
**NEA'S MEMBER BENEFITS CORPORATION**




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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

40121400



07122007      Chg-P      CR2E034 (12/06)

**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 \_\_\_\_\_ 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 14, 2007**

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	<b>C</b> <b>ESKELSON, LILY</b> <b>1201 16TH STREET, NW</b> <b>WASHINGTON, DC 20036</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN ROEKEL, DENNIS</b> <b>1201 16TH STREET, NW</b> <b>WASHINGTON, DC 20036</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BJORK, WILLIAM</b> <b>4100 SPENARD RD</b> <b>ANCHORAGE, AK 99517</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PHOEBUS, EDWARD G</b> <b>900 CLOPPER ROAD, SUITE 300</b> <b>GAITHERSBURG, MD 20878</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BORGMAN, SARAH</b> <b>65347 COUNTY RD 3</b> <b>WAKARUSA, IN 46573</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MENTZER, RONALD</b> <b>900 CLOPPER ROAD, SUITE 300</b> <b>GAITHERSBURG, MD 20878</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUSAN KUZIAK</b> <b>875 EAST 5180S</b> <b>MURRAY UT 84107</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AL MANE</b> <b>801 SECOND AVE, N.</b> <b>NASHVILLE TN 37201</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TERRISANDERS</b> <b>1690 FAIRWAY COURT</b> <b>MOUNTAIN HOME ID 83647</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*      7/20/07      301-251-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #