

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005063

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** NEA'S MEMBER BENEFITS CORPORATION

**Current Principal Place of Business:**

900 CLOPPER ROAD, SUITE 300  
GAITHERSBURG, MD 20878 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 CLOPPER ROAD, SUITE 300  
GAITHERSBURG, MD 20878 US

**New Mailing Address:**

FEI Number: 52-0855767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PRINGLE, REBECCA  
Address: 1201 16TH STREET, NW  
City-St-Zip: WASHINGTON, DC 20036 US

Title: D  
Name: ESKELSEN, LILY  
Address: 1201 16TH STREET, NW  
City-St-Zip: WASHINGTON, DC 20036 US

Title: P  
Name: PHOEBUS, EDWARD G  
Address: 900 CLOPPER ROAD, SUITE 300  
City-St-Zip: GAITHERSBURG, MD 20878 US

Title: T  
Name: MENTZER, RONALD C  
Address: 900 CLOPPER ROAD, SUITE 300  
City-St-Zip: GAITHERSBURG, MD 20878 US

I hereby 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 all other like empowered.

SIGNATURE: RONALD C MENTZER

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04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date