

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007259

FILED
Jan 06, 2010
Secretary of State

Entity Name: BENEFIT CONSULTANTS GROUP, INC.

Current Principal Place of Business:

600 DELRAN PARKWAY, SUITE B
DELRAN, NJ 08075

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 405
RIVERTON, NJ 080770405

New Mailing Address:

FEI Number: 23-2383285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQUIRE
239 E. VIRGINIA STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD
Name: PAGLIONE, ROBERT
Address: 600 DELRAN PARKWAY, SUITE B
City-St-Zip: DELRAN, NJ 08075

Title: D
Name: PAGLIONE, CAROL
Address: 600 DELRAN PARKWAY, SUITE B
City-St-Zip: DELRAN, NJ 08075

Title: EVPT
Name: SOKOLIC, STEPHEN
Address: 600 DELRAN PARKWAY, SUITE B
City-St-Zip: DELRAN, NJ 08075

Title: DP
Name: ARROYO, JORGE
Address: 600 DELRAN PARKWAY, SUITE B
City-St-Zip: DELRAN, NJ 08075

Title: DVPS
Name: PAGLIONE, ADAM
Address: 600 DELRAN PARKWAY, SUITE B
City-St-Zip: DELRAN, NJ 08075

Title: EVP
Name: ADAMS, BEAU
Address: 600 DELRAN PARKWAY, SUITE B
City-St-Zip: DELRAN, NJ 08075

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: STEPHEN SOKOLIC

EVP

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date