

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000175

**Entity Name:** GROUP BENEFIT SERVICES, INC

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6 NORTH PARK DRIVE, SUITE 310  
HUNT VALLEY, MD 21030

**New Principal Place of Business:**

**Current Mailing Address:**

6 NORTH PARK DRIVE, SUITE 310  
HUNT VALLEY, MD 21030

**New Mailing Address:**

**FEI Number:** 52-1200892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR  
STE A  
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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SIMMONS, WILLIAM F  
Address: 6 NORTH PARK DRIVE, SUITE 310  
City-St-Zip: HUNT VALLEY, MD 21030

Title: VPS  
Name: SIMMONS, KATHY F  
Address: 6 NORTH PARK DRIVE, SUITE 310  
City-St-Zip: HUNT VALLEY, MD 21030

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: KATHY F SIMMONS

CEO

03/06/2012

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

\_\_\_\_\_  
Date