Electronic Signature of Signing Officer/Director Detail

# 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060950

Entity Name: BENEFIT SYSTEMS, INC.

#### **Current Principal Place of Business:**

1200 BRICKELL AVENUE SUITE 950 MIAMI, FL 33131

### **Current Mailing Address:**

1200 BRICKELL AVENUE SUITE 950 MIAMI, FL 33131

#### FEI Number: 54-2113571

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

STACK, BRIAN J 1200 BRICKELL AVENUE SUITE 950 MIAMI, FL 33131 US

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

Officer/Director Detail :			
Title	Р	Title	D
Name	THOMPSON, LAWRENCE	Name	THOMPSON, LAWRENCE
Address	8282 N 4TH STREET	Address	8282 N 4TH STREET
City-State-Zip:	FRESNO CA 93720	City-State-Zip:	FRESNO CA 93720

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: LAWRENCE THOMPSON

PRESIDENT

01/09/2013 Date

# FILED Jan 09, 2013 Secretary of State CC6528300637

Certificate of Status Desired: No

Date