

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005063

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC8643323680**

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

**Current Principal Place of Business:**

900 CLOPPER ROAD, SUITE 300  
GAITHERSBURG, MD 20878

**Current Mailing Address:**

900 CLOPPER ROAD, SUITE 300  
GAITHERSBURG, MD 20878 US

**FEI Number:** 52-0855767

**Certificate of Status Desired:** No

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

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

Date

**Officer/Director Detail :**

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

Title D  
Name MOSS, PRINCESS  
Address 1201 16TH AVE NW  
City-State-Zip: WASHINGTON DC 20036

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

Title CFO, TREASURER  
Name EVANS, CECILIA L.  
Address 900 CLOPPER ROAD, SUITE 300  
City-State-Zip: GAITHERSBURG MD 20878

*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:** CECILIA L. EVANS

**CHIEF FINANCIAL  
OFFICER**

**04/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date