

**2013 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F12000000664

**Entity Name:** CIC - BENEFIT CONSULTING GROUP, INC.**Current Principal Place of Business:**1406 NORTH MITCHELL ST  
CADILLAC, MI 49601**Current Mailing Address:**1406 NORTH MITCHELL ST  
CADILLAC, MI 49601 US**FEI Number:** 20-0156574**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THE STONER ORGANIZATION, INC.  
700 CENTRAL AVENUE, SUITE 301  
ST PETERSBURG, FL 33701 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	CP
Name	COTE, BRIAN T
Address	1406 NORTH MITCHELL ST
City-State-Zip:	CADILLAC MI 49601

Title	VPD
Name	O'CONNOR, JOHN
Address	1406 NORTH MITCHELL ST
City-State-Zip:	CADILLAC MI 49601

Title	STD
Name	HONAMAN, DAVID G
Address	1406 NORTH MITCHELL ST
City-State-Zip:	CADILLAC MI 49601

Title	VC
Name	COTE, JAMES
Address	1406 NORTH MITCHELL ST
City-State-Zip:	CADILLAC MI 49601

Title	VP
Name	ROSE, VINCENT
Address	1406 NORTH MITCHELL ST
City-State-Zip:	CADILLAC MI 49601

*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:** DAVID HONAMAN

STD

03/28/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date