

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90014 001 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT# F00000003879 1. EntityName NATIONAL EMPLOYEE BENEFIT COMPANIES, INC.	
--	---

PrincipalPlaceofBusiness 16INTERNATIONALWAY WARWICK,RI02886	MailingAddress 16INTERNATIONALWAY WARWICK,RI02886
---	---

54010550



02122004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber 39-1052096	AppliedFor NotApplicable
5. CertificateofStatusDesired ☒ \$8.75 Additional FeeRequired	

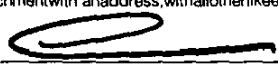
6. NameandAddressofCurrentRegisteredAgent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

8. Theabovenameidentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccepttheobligationsofregisteredagent.	
SIGNATURE _____ Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgent'ssignatureisrequiredwhenreinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. ElectionCampaignFinancing TrustFundContribution. ☐ \$5.00 MayBe AddedtoFees
---	---

10. OFFICERSANDDIRECTORS	
TITLE NAME STREETADDRESS CITY-ST-ZIP	PCD FLEET, SAMUEL H 16 INTERNATIONAL WAY WARWICK, RI
TITLE NAME STREETADDRESS CITY-ST-ZIP	V DELAVALLE, MICHAEL 4064 COLONY ROAD CHARLOTTE, NC 28211
TITLE NAME STREETADDRESS CITY-ST-ZIP	T PULLIANCE, SCOTT <i>PURVIANCE</i> 4064 COLONY ROAD CHARLOTTE, NC 28211
TITLE NAME STREETADDRESS CITY-ST-ZIP	S HIGBEA, ANGELA 4064 COLONY ROAD CHARLOTTE, NC 28211
TITLE NAME STREETADDRESS CITY-ST-ZIP	
TITLE NAME STREETADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformationindicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficiordirectorofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;andthatmynameappearsinBlock 10orBlock 11ifchanged,oronanattachmentwith anaddress,withallotherlikeempowered.	
SIGNATURE:  SAMUEL H. FLEET SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR	2/19/04 401 734 4121 Date DaytimePhone#