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.

54010550

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

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. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

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	PCD
NAME	FLEET, SAMUEL H
STREETADDRESS	16 INTERNATIONAL WAY
CITY-ST-ZIP	WARWICK, RI
TITLE	V
NAME	DELAVLE, MICHAEL
STREETADDRESS	4064 COLONY ROAD
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	T
NAME	~~PULLIANCE,~~ SCOTT PURVIANCE
STREETADDRESS	4064 COLONY ROAD
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	S
NAME	HIGBEA, ANGELA
STREETADDRESS	4064 COLONY ROAD
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: SAMUEL H. FLEET 2/19/04 401 734 4121
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR PRESIDENT Date DaytimePhone#