2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State
05-29-2001 90002 047 ***150.00

0594198

DOCUMENT # F00000004850

1. Entity Name
ONLINE BENEFITS, INC.

Principal Place of Business	Mailing Address
1025 OLD COUNTRY ROAD. SUITE 202 WESTBURY NY 11590	1025 OLD COUNTRY ROAD. SUITE 202 WESTBURY NY 11590

000404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
333 Earle Ovington Blvd	333 Earle Ovington Blvd
Suite, Apt. #, etc.: 210	Suite, Apt. #, etc.: 210
City & State: Uniondale, NY	City & State: Uniondale, NY
Zip: 11553 Country: Nassau	Zip: 11553 Country: Nassau

4. FEI Number 11-3543519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO COHEN, ALAN 1025 OLD COUNTRY ROAD, SUITE 202 WESTBURY NY 11590	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GEDNEY, JOHN 1025 OLD COUNTRY ROAD, SUITE 202 WESTBURY NY 11590	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS DONAHUE, JOHN E 1025 OLD COUNTRY ROAD, SUITE 202 WESTBURY NY 11590	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MOLCHO, MOSHE 1025 OLD COUNTRY ROAD, SUITE 202 WESTBURY NY 11590	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENNELL, THOMAS 55 BROAD STREET, 11TH FLOOR NEW YORK NY 10004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRKE, GERALD M 417 LOCUST STREET DES MOINES IA 50309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: John Dubey 4/23/01 5164147000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #