2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# F04000003637

Entity Name: EBC BENEFITS ADMINISTRATION CORPORATION

Current Principal Place of Business:

1350 DEMING WAY, STE 300
MIDDLETON, WI 53562

New Principal Place of Business:

Current Mailing Address:

PO BOX 44347
MADISON, WI 53744

New Mailing Address:

FEI Number: 39-2044064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T
Name: SMITH, MARTI R
Address: 1350 DEMING WAY, STE 300
City-St-Zip: MIDDLETON, WI 53562

Title: VPS
Name: SUPPLE, SUSAN J
Address: 1350 DEMING WAY, STE 300
City-St-Zip: MIDDLETON, WI 53562

Title: DVP
Name: WICKER, JOHN J
Address: 1350 DEMING WAY, STE 300
City-St-Zip: MIDDLETON, WI 53562

Title: D
Name: UDELHOFEN, JOHN F
Address: 5834 SCHUMANN DRIVE
City-St-Zip: MADISON, WI 53711

Title: CP
Name: ALEXANDER, SHELLY
Address: 1350 DEMING WAY, SUITE 300
City-St-Zip: MIDDLETON, WI 53562

Title: D
Name: LENBURG, ROBERT
Address: 7306 CEDAR CREEK TRAIL
City-St-Zip: MADISON, WI 53717

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: SHELLY ALEXANDER CP 04/21/2011

Electronic Signature of Signing Officer or Director Date