

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004644

Entity Name: KEYSTONE BENEFITS, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11279 PERRY HWY., STE 507  
WEXFORD, PA 15090

**New Principal Place of Business:**

**Current Mailing Address:**

11279 PERRY HIGHWAY, SUITE 507  
WEXFORD, PA 15090

**New Mailing Address:**

680 ANDERSEN DR  
PITTSBURGH, PA 15220

FEI Number: 30-0007043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, T.N. JR.  
980 N. FEDERAL HIGHWAY, SUITE 410  
BOCA RATON, FL 33432 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: CDP  
Name: SMOLLINGER, CARL W JR.  
Address: 11279 PERRY HIGHWAY, SUITE 507  
City-St-Zip: WEXFORD, PA 15090

Title: ST  
Name: SMOLLINGER, CARL W JR.  
Address: 11279 PERRY HIGHWAY, SUITE 507  
City-St-Zip: WEXFORD, PA 15090

Title: V  
Name: DEAN, THOMAS  
Address: 11279 PERRY HIGHWAY, SUIT 507  
City-St-Zip: WEXFORD, PA 15090

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: CARL SMOLLINGER

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date