

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004644

FILED  
Apr 10, 2012  
Secretary of State

Entity Name: KEYSTONE BENEFITS, INC.

## Current Principal Place of Business:

680 ANDERSEN DR.  
10 FOSTER PLAZA  
PITTSBURGH, PA 15220

## New Principal Place of Business:

## Current Mailing Address:

680 ANDERSEN DR.  
10 FOSTER PLAZA  
PITTSBURGH, PA 15220

## New Mailing Address:

FEI Number: 30-0007043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: P  
Name: SMOLLINGER, CARL W JR.  
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA  
City-St-Zip: PITTSBURGH, PA 15220

Title: DC  
Name: HAMPSON, PATRICK V  
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA  
City-St-Zip: PITTSBURGH, PA 15220

Title: V  
Name: DEAN, THOMAS  
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA  
City-St-Zip: PITTSBURGH, PA 15220

Title: VS  
Name: GALLO, ROBERT C II  
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA  
City-St-Zip: PITTSBURGH, PA 15220

Title: VT  
Name: HURT, DREW  
Address: 680 ANDERSEN DRIVE, 10 FOSTER PLAZA  
City-St-Zip: PITTSBURGH, PA 15220

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: DREW HURT

VT

04/10/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date