

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005063

FILED
Apr 09, 2009
Secretary of State

Entity Name: NEA'S MEMBER BENEFITS CORPORATION

Current Principal Place of Business:

900 CLOPPER ROAD, SUITE 300
GAITHERSBURG, MD 20878

New Principal Place of Business:

Current Mailing Address:

900 CLOPPER ROAD, SUITE 300
GAITHERSBURG, MD 20878

New Mailing Address:

FEI Number: 52-0855767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ESKELSON, LILY
Address: 1201 16TH STREET, NW
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: VAN ROEKEL, DENNIS
Address: 1201 16TH STREET, NW
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: BJORK, WILLIAM
Address: 4100 SPENARD RD
City-St-Zip: ANCHORAGE, AK 99517

Title: P () Delete
Name: PHOEBUS, EDWARD G
Address: 900 CLOPPER ROAD, SUITE 300
City-St-Zip: GAITHERSBURG, MD 20878

Title: D () Delete
Name: BORGMAN, SARAH
Address: 65347 COUNTY RD 3
City-St-Zip: WAKARUSA, IN 46573

Title: ST () Delete
Name: MENTZER, RONALD
Address: 900 CLOPPER ROAD, SUITE 300
City-St-Zip: GAITHERSBURG, MD 20878

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: PRINGLE, REBECCA
Address: 1201 16TH STREET, NW
City-St-Zip: WASHINGTON, DC 20036

Title: D (X) Change () Addition
Name: ESKELSEN, LILY
Address: 1201 16TH STREET, NW
City-St-Zip: WASHINGTON, DC 20036

Title: D (X) Change () Addition
Name: BJORK, WILLIAM
Address: 3995 STELLA MARIS
City-St-Zip: ESTER, AK 99725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MENTZER, RONALD C
Address: 900 CLOPPER ROAD, SUITE 300
City-St-Zip: GAITHERSBURG, MD 20878

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD C. MENTZER

ST

04/09/2009

Electronic Signature of Signing Officer or Director

Date