2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F05000000545

Entity Name: NATIONAL WORKSITE BENEFITS, INC.

Current Principal Place of Business:

1035 WEST GLEN OAKS LANE SUITE 200
MEQUON, WI 53092

New Principal Place of Business:

Current Mailing Address:

400 FIELD DRIVE
LAW DEPT C103
LAKE FOREST, IL 60045

New Mailing Address:

FEI Number: 39-1791010 **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: MCDONOUGH, DAVID M
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, FL 60045

Title: EVP ( ) Delete
Name: JOHNSON, DANIEL A
Address: 1035 WEST GLEN OAKS LANE #200
City-St-Zip: MEQUON, WI 53092

Title: DCFO ( ) Delete
Name: MARCUCCILLI, J. BRINKE
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete
Name: MARTIN, CHRISTOPHER J
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: VP ( ) Delete
Name: SAN, JOSEPH
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: S ( ) Delete
Name: KELLER, SARA LEE
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: SCHUSTER, PAUL
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: DEVP (X) Change ( ) Addition
Name: MARCUCCILLI, J. BRINKE
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: D (X) Change ( ) Addition
Name: MALIDA, JULIE
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

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

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

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: SARA LEE KELLER S 04/14/2009

Electronic Signature of Signing Officer or Director — Date