2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2010
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:

1025 WEST GLEN OAKS LANE
SUITE 107
MEQUON, WI 53092

Current Mailing Address:

400 FIELD DRIVE
LAW DEPT C103
LAKE FOREST, IL 60045

New Mailing Address:

1025 WEST GLEN OAKS LANE
SUITE 107
MEQUON, WI 53092

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: P
Name: PRAY, JOSEPH
Address: 1025 WEST GLEN OAKS LANE SUITE 107
City-St-Zip: MEQUON, WI 53092

Title: VP
Name: GOSS, PHILIP
Address: 1025 WEST GLEN OAKS LANE SUITE 107
City-St-Zip: MEQUON, WI 53092

Title: SD
Name: KELLER, SARA LEE
Address: 1025 WEST GLEN OAKS LANE SUITE 107
City-St-Zip: MEQUON, WI 53092

Title: TREA
Name: SCHUSTER, PAUL T
Address: 1025 WEST GLEN OAKS LANE SUITE 107
City-St-Zip: MEQUON, WI 53092

Title: DIR
Name: MARCUCCILLI, J. BRINKE
Address: 1025 WEST GLEN OAKS LANE SUITE 107
City-St-Zip: MEQUON, WI 53092

Title: DIR
Name: MCDONOUGH, DAVID M
Address: 1025 WEST GLEN OAKS LANE SUITE 107
City-St-Zip: MEQUON, WI 53092

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: MICHELLE DONATO POA 04/10/2010

Electronic Signature of Signing Officer or Director Date