

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005068

FILED
Apr 09, 2011
Secretary of State

Entity Name: OPTIMAL BENEFIT SERVICES, INC.

Current Principal Place of Business:

400 FIELD DRIVE
LAKE FOREST, IL 60045

New Principal Place of Business:

Current Mailing Address:

400 FIELD DRIVE
LAKE FOREST, IL 60045

New Mailing Address:

FEI Number: 27-0127377

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

OFFICERS AND DIRECTORS:

Title: PDIR
Name: MCDONOUGH, DAVID M
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: SEC
Name: SCHOFF, DENNIS L
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: TREA
Name: SCHUSTER, PAUL T
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: DIR
Name: GOSS, PHILIP
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: DIR
Name: PRAY, JOSEPH L
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

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

04/09/2011

Electronic Signature of Signing Officer or Director

Date