2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F06000004145

Entity Name: COMPASS CONSULTING AND BENEFITS, INC.

Current Principal Place of Business:

15 SOUTH 20TH STREET
SUITE 1802
BIRMINGHAM, AL 35233

New Principal Place of Business:

Current Mailing Address:

PO BOX 10566
MAILCODE: AL BI CH ACT
BIRMINGHAM, AL 35296

New Mailing Address:

FEI Number: 20-4949452 **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: S ( ) Delete
Name: CARTEE, JOSEPH B
Address: 15 SOUTH 20TH STREET, SUITE 1802
City-St-Zip: BIRMINGHAM, AL 35233

Title: D ( ) Delete
Name: BOLTWOOD, GEORGE M
Address: 15 SOUTH 20TH STREET, SUITE 1802
City-St-Zip: BIRMINGHAM, AL 35233

Title: D ( ) Delete
Name: HEGEL, GARRETT R
Address: 15 SOUTH 20TH STREET, SUITE 1802
City-St-Zip: BIRMINGHAM, AL 35233

Title: D ( ) Delete
Name: POWELL, JERRY W
Address: 15 SOUTH 20TH STREET, SUITE 1802
City-St-Zip: BIRMINGHAM, AL 35233

Title: T ( ) Delete
Name: PRESSLEY, KIRK
Address: 15 SOUTH 20TH STREET
City-St-Zip: BIRMINGHAM, AL 35233

Title: SVP ( ) Delete
Name: PANKONIEN, JOYCE
Address: 24 GREENWAY PLAZA
City-St-Zip: HOUSTON, TX 77046 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change ( ) Addition
Name: MOORE, JOHN H
Address: 15 SOUTH 20TH STREET, SUITE 1802
City-St-Zip: BIRMINGHAM, AL 35233

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

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: KIRK PRESSLEY T 04/27/2009

Electronic Signature of Signing Officer or Director — Date