2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002929

Entity Name: TRINITY BENEFITS CONSULTING, INC.

FILED Feb 03, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1001 MOREHEAD SQUARE, SUITE 402 1001 MOREHEAD SQUARE DR., CHARLOTTE, NC 28203

SUITE 402

CHARLOTTE, NC 28203

Current Mailing Address: New Mailing Address:

1001 MOREHEAD SQUARE, SUITE 402 1001 MOREHEAD SQUARE DR., CHARLOTTE, NC 28203 SUITE 402

CHARLOTTE, NC 28203

FEI Number: 56-2246184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAPITOL CORPORATE SERVICES INC 155 OFFICE PLAZA, SUITE A TALLAHASSEE, FL 32301

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:

Name: WISE, ALAN H

1001 MOREHEAD SQUARE DR, SUITE 402 Address:

City-St-Zip: CHARLOTTE, NC 28203

Title:

Name: WISE, TAMARA H

1001 MOREHEAD SQUARE DR, SUITE 402 Address:

CHARLOTTE, NC 28203 City-St-Zip:

Title:

FLOYD, HARRY Name:

1001 MOREHEAD SQUARE DR, SUITE 402 Address:

City-St-Zip: CHARLOTTE, NC 28203

Title:

GUICE, HAL Name:

Address: 1001 MOREHEAD SQUARE DR, SUITE 402

City-St-Zip: CHARLOTTE, NC 28203

Title:

Name: WIMMER, CHARLES

1001 MOREHEAD SQUARE DR. SUITE 402 Address:

City-St-Zip: CHARLOTTE, NC 28203

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: ALAN H. WISE **PRES** 02/03/2011