

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003830

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: BENEFIT PARTNERS-ALLIANT, INC.

**Current Principal Place of Business:**

9901 BUSINESS PARKWAY SUITE B  
LANHAM, MD 20706

**New Principal Place of Business:**

**Current Mailing Address:**

9901 BUSINESS PARKWAY SUITE B  
LANHAM, MD 20706

**New Mailing Address:**

FEI Number: 20-1788594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331      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: CORBETT, THOMAS W  
Address: 1620 FIFTH AVE  
City-St-Zip: SAN DIEGO, CA 92101

Title: V      ( ) Delete  
Name: HALL, JEROLD D  
Address: 1620 FIFTH AVE  
City-St-Zip: SAN DIEGO, CA 92101

Title: D      ( ) Delete  
Name: ZIMMER, P GREGORY JR  
Address: 1620 FIFTH AVE  
City-St-Zip: SAN DIEGO, CA 92101

Title: ST      ( ) Delete  
Name: FILLEY, TED C  
Address: 1620 FIFTH AVE  
City-St-Zip: SAN DIEGO, CA 92101

Title: PV      ( ) Delete  
Name: FRANEY, WILLIAM G  
Address: 9901 BUSINESS PARKWAY SUITE B  
City-St-Zip: LANHAM, MD 20706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: WILLIAM G. FRANEY

VP

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date