

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004722

FILED
Jan 08, 2009
Secretary of State

Entity Name: ALLIED BENEFIT SYSTEMS, INC.

Current Principal Place of Business:

208 S LASALLE STREET, SUITE 1300
CHICAGO, IL 60604

New Principal Place of Business:

Current Mailing Address:

208 S LASALLE STREET, SUITE 1300
CHICAGO, IL 60604

New Mailing Address:

FEI Number: 36-3086057

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
SUITE 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: DPS () Delete
Name: WILNEFF, MITCHELL
Address: 208 S LASALLE STREET, SUITE 1300
City-St-Zip: CHICAGO, IL 60604

Title: CEO () Delete
Name: WILNEFF, LAURENCE
Address: 208 S LASALLE STREET, SUITE 1300
City-St-Zip: CHICAGO, IL 60604

Title: COO () Delete
Name: GABRIONE, PATRICK R
Address: 208 S LASALLE STREET, SUITE 1300
City-St-Zip: CHICAGO, IL 60604

Title: EVP () Delete
Name: VALERIOUS, ROB L
Address: 208 S LASALLE STREET, SUITE 1300
City-St-Zip: CHICAGO, IL 60604

Title: EVP () Delete
Name: SCHENKER, BEN D
Address: 208 S LASALLE STREET, SUITE 1300
City-St-Zip: CHICAGO, IL 60604

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: MARY LITTLEJOHN-GARBER

CONS

01/08/2009

Electronic Signature of Signing Officer or Director

Date