

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004722

FILED  
Jan 19, 2012  
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:

200 W. ADAMS ST., SUITE 500  
CHICAGO, IL 60606

## Current Mailing Address:

208 S LASALLE STREET, SUITE 1300  
CHICAGO, IL 60604

## New Mailing Address:

200 W. ADAMS ST., SUITE 500  
CHICAGO, IL 60606

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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: DPS  
Name: WILNEFF, MITCHELL  
Address: 200 W. ADAMS ST., STE 200  
City-St-Zip: CHICAGO, IL 60606

Title: CEO  
Name: WILNEFF, LAURENCE  
Address: 200 W. ADAMS ST., STE 200  
City-St-Zip: CHICAGO, IL 60606

Title: COO  
Name: GABRIONE, PATRICK R  
Address: 200 W. ADAMS ST., STE 200  
City-St-Zip: CHICAGO, IL 60606

Title: EVP  
Name: VALERIOUS, ROB L  
Address: 200 W. ADAMS ST., STE 200  
City-St-Zip: CHICAGO, IL 60606

Title: EVP  
Name: SCHENKER, BEN D  
Address: 200 W. ADAMS ST., STE 200  
City-St-Zip: CHICAGO, IL 60606

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: MITCHELL WILNEFF

DPS

01/19/2012

Electronic Signature of Signing Officer or Director

Date