

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2011  
Secretary of State**

DOCUMENT# F07000006156

Entity Name: USBENEFIT PLAN RX AMERICA INC.

**Current Principal Place of Business:**

16476 WILD HORSE CREEK ROAD  
CHESTERFIELD, MO 63017

**New Principal Place of Business:**

**Current Mailing Address:**

16476 WILD HORSE CREEK ROAD  
CHESTERFIELD, MO 63017

**New Mailing Address:**

FEI Number: 43-1745698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: D  
Name: WRIGHT JR., TOM  
Address: 13537 BARRETT PARKWAY DR, #325  
City-St-Zip: BALLWIN, MO 63021

Title: D  
Name: MINERT, TED  
Address: 196 CHERRY HILLS MEADOW DRIVE  
City-St-Zip: WILDWOOD, MO 63040

Title: D  
Name: HARSHBARGER, ALLAN  
Address: 345 SIMMER DRIVE  
City-St-Zip: WAMEGO, KS 66547

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM WRIGHT, JR.

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date