

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006158

FILED  
Jan 10, 2012  
Secretary of State

Entity Name: AMERIBENEFIT PLAN 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: 43-1705819

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: HESSLER, MICHAEL  
Address: 2533 CHARLACK AVENUE  
City-St-Zip: SPRINGFIELD, IL 62704

Title: D  
Name: TALAMANTES, JERRY  
Address: 2020 WASHINGTON AVE, #103  
City-St-Zip: ST. LOUIS, MO 63103

Title: D  
Name: SNEDDON, KEVIN  
Address: 19 DUBOIS DRIVE  
City-St-Zip: SOUTH BURLINGTON, VT 05403

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: MICHAEL HESSLER

PRES

01/10/2012

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

\_\_\_\_\_  
Date