2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# F08000000985

Entity Name: COMPREHENSIVE BENEFITS ADMINISTRATOR, INC.

Current Principal Place of Business:

46 BOWDOIN ST.
S. BURLINGTON, VT 05407

New Principal Place of Business:

Current Mailing Address:

46 BOWDOIN ST.
S. BURLINGTON, VT 05407

New Mailing Address:

FEI Number: 03-0360451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: PAGNIUCCI, DAVID
Address: P. O. BOX 2365
City-St-Zip: S. BURLINGTON, VT 05407 US

Title: SD
Name: GANNON, CHRIS
Address: 445 INDUSTRIAL LANE
City-St-Zip: BERLIN, VT 056024415

Title: TD
Name: TRIFONE, JOHN
Address: 445 INDUSTRIAL LANE
City-St-Zip: BERLIN, VT 056024415

Title: D
Name: GEORGE, DON
Address: 445 INDUSTRIAL LANE
City-St-Zip: BERLIN, VT 056024415

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: DAVID PAGNIUCCI PD 04/21/2011

Electronic Signature of Signing Officer or Director Date