

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002642

FILED
Apr 30, 2009
Secretary of State

Entity Name: RBA EXECUTIVE BENEFITS, INC.

Current Principal Place of Business:

2600 KELLY ROAD, SUITE 300
WARRINGTON, PA 18976

New Principal Place of Business:

Current Mailing Address:

2600 KELLY ROAD, SUITE 300
WARRINGTON, PA 18976

New Mailing Address:

C/O NFP, 500 W. MADISON STREET
SUITE 2400
CHICAGO, IL 60661

FEI Number: 03-0310230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARPENTER, JOSEPH
Address: 100 WESTWOOD PLACE, SUITE 400
City-St-Zip: BRENTWOOD, TN 37027

Title: VTD () Delete
Name: LEEPER, ROBERT
Address: 2600 KELLY ROAD, SUITE 300
City-St-Zip: WARRINGTON, PA 18976

Title: VS () Delete
Name: BRECK, JAMES
Address: P.O. BOX 530
City-St-Zip: HINESBURG, VT 05461

Title: V () Delete
Name: LIESER, LORI M
Address: 500 W. MADISON STREET, STE 2400
City-St-Zip: CHICAGO, IL 60661

Title: D () Delete
Name: ZUCCARO, ROBERT S
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: S (X) Delete
Name: KATZ, MIRIAM I ASST.
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

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: D (X) Change () Addition
Name: SCHNEIDER, BRETT
Address: 340 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10173

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: LORI M. LIESER

V

04/30/2009

Electronic Signature of Signing Officer or Director

Date