

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004731

FILED
Mar 13, 2009
Secretary of State

Entity Name: FRINGE BENEFIT ADMINISTRATORS, INC.

Current Principal Place of Business:

6500 POE AVE STE 407
DAYTONA, OH 45414

New Principal Place of Business:

6500 POE AVE STE 407
DAYTON, OH 45414

Current Mailing Address:

6500 POE AVE STE 407
DAYTONA, OH 45414

New Mailing Address:

FEI Number: 34-1604691 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BINGHAM, JULIE A
Address: 6500 POE AVE STE 407
City-St-Zip: DAYTONA, OH 45414

Title: VC () Delete
Name: PAINTER, CHARLES C
Address: 6500 POE AVE STE 407
City-St-Zip: DAYTONA, OH 45414

Title: D () Delete
Name: SACCO, ROBERT
Address: 6500 POE AVE STE 407
City-St-Zip: DAYTONA, OH 45414

Title: D () Delete
Name: SACCO, NICHOLE
Address: 6500 POE AVE STE 407
City-St-Zip: DAYTONA, OH 45414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BINGHAM, JULIE A
Address: 6500 POE AVE STE 407
City-St-Zip: DAYTON, OH 45414

Title: D (X) Change () Addition
Name: SACCO, ROBERT R
Address: 6500 POE AVE STE 407
City-St-Zip: DAYTON, OH 45414

Title: D (X) Change () Addition
Name: SACCO, NICHOLE R
Address: 6500 POE AVE STE 407
City-St-Zip: DAYTON, OH 45414

Title: D (X) Change () Addition
Name: SACCO, CARMINE
Address: 6500 POE AVE STE 407
City-St-Zip: DAYTON, OH 45414

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: JULIE A BINGHAM

P

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date