## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F09000001226

Entity Name: CONTEMPORARY BENEFITS DESIGN, INC.

FILED May 01, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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855 SAM NEWELL RD SUITE 206 MATTHEWS, NC 28105

Current Mailing Address: New Mailing Address:

500 W MADISON ST SUITE 2400 CHICAGO, IL 60661

FEI Number: 20-5201844 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: [

Name: SCHNEIDER, BRETT

Address: 340 MADISON AVE 20TH FLOOR

City-St-Zip: NEW YORK, NY 10173

Title: PT

Name: STOKES, HARRY A

Address: 855 SAM NEWELL RD SUITE 206

City-St-Zip: MATTHEWS, NC 28105

Title: S

Name: STOKES, SHARYN

Address: 855 SAM NEWELL RD SUITE 206

City-St-Zip: MATTHEWS, NC 28105

Title: VP

Name: LIESER, LORI M

Address: 500 W MADISON ST SUITE 2400

City-St-Zip: CHICAGO, IL 60661

Title:

Name: HINKSON, MALIKA S

Address: 340 MADISON AVE 20TH FLOOR

City-St-Zip: NEW YORK, NY 10173

Title:

Name: O'MALLEY, EDWARD

Address: 1250 CAPITAL OF TEXAS HWY S

City-St-Zip: AUSTIN, TX 78746

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: LORI M. LIESER VP 05/01/2012