2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# F10000000246

Entity Name: FCE USA INSURANCE BENEFITS, INC.

Current Principal Place of Business:

887 MITTEN RD #200
BURLINGTON, CA 94010

New Principal Place of Business:

887 MITTEN RD #200
BURLINGAME, CA 94010

Current Mailing Address:

887 MITTEN RD #200
BURLINGTON, CA 94010

New Mailing Address:

887 MITTEN RD #200
BURLINGAME, CA 94010

FEI Number: 27-0778931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CHRM
Name: PORTER, STEVE
Address: 887 MITTEN RD #200
City-St-Zip: BURLINGTON, CA 94010

Title: VCHR
Name: BECKMAN, GARY
Address: 887 MITTEN RD #200
City-St-Zip: BURLINGTON, CA 94010

Title: P
Name: PORTER, STEVE
Address: 887 MITTEN RD #200
City-St-Zip: BURLINGTON, CA 94010

Title: VP
Name: BECKMAN, GARY
Address: 887 MITTEN RD #200
City-St-Zip: BURLINGTON, CA 94010

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: STEVE PORTER P 01/10/2012

Electronic Signature of Signing Officer or Director Date