

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003444

Entity Name: MBI BENEFITS, INC.

FILED  
Mar 21, 2011  
Secretary of State

**Current Principal Place of Business:**

1601 TRAPELO RD SUITE 249  
WALTHAM, MA 024517333

**New Principal Place of Business:**

1601 TRAPELO ROAD  
WALTHAM, MA 02451

**Current Mailing Address:**

1601 TRAPELO RD SUITE 249  
WALTHAM, MA 024517333

**New Mailing Address:**

1601 TRAPELO ROAD  
WALTHAM, MA 02451

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: D'ANGELO, FRANK  
Address: 1601 TRAPELO ROAD  
City-St-Zip: WALTHAM, MA 02451

Title: VP  
Name: LOMBARDI, STACEY A  
Address: 1601 TRAPELO ROAD  
City-St-Zip: WALTHAM, MA 02451

Title: SECD  
Name: GRAVELLE, MICHAEL L  
Address: 1601 TRAPELO ROAD  
City-St-Zip: WALTHAM, MA 02451

Title: TRES  
Name: LARSEN, KIRK T  
Address: 1601 TRAPELO ROAD  
City-St-Zip: WALTHAM, MA 02451

Title: DIR  
Name: NORCROSS, GARY A  
Address: 1601 TRAPELO ROAD  
City-St-Zip: WALTHAM, MA 02451

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: KELLY LETTMANN

POA

03/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date