

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000834

FILED
Mar 23, 2012
Secretary of State

Entity Name: BEACON LABORATORY BENEFIT SOLUTIONS, INC.

Current Principal Place of Business:

531 SOUTH SPRING ST
BURLINGTON, NC 27215

New Principal Place of Business:

Current Mailing Address:

531 SOUTH SPRING ST
BURLINGTON, NC 27215

New Mailing Address:

FEI Number: 27-4333540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
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: P
Name: CONLIN, PAUL
Address: 531 SOUTH SPRING ST
City-St-Zip: BURLINGTON, NC 27215

Title: VPTD
Name: HAYES, WILLIAM B
Address: 531 SOUTH SPRING ST
City-St-Zip: BURLINGTON, NC 27215

Title: S
Name: VAN DER VAART, SANDRA D
Address: 531 SOUTH SPRING ST
City-St-Zip: BURLINGTON, NC 27215

Title: D
Name: BOYLE, JAMES T JR
Address: 531 SOUTH SPRING ST
City-St-Zip: BURLINGTON, NC 27215

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: WILLIAM B HAYES

TREA

03/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date