

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000845

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** BENEFIT INFORMATICS, INC.

**Current Principal Place of Business:**

400 RIVERWALK TERRACE STE 250  
JENKS, OK 74037

**New Principal Place of Business:**

400 RIVERWALK TERRACE  
SUITE 250  
JENKS, OK 74037

**Current Mailing Address:**

400 RIVERWALK TERRACE STE 250  
JENKS, OK 74037

**New Mailing Address:**

100 BENEFITFOCUS WAY  
DANIEL ISLAND, SC 29492

**FEI Number:** 75-3151345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331 US

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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:

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: JENKINS, SHAWN  
Address: 100 BENEFITFOCUS WAY  
City-St-Zip: DANIEL ISLAND, SC 29492

Title: DS  
Name: HOWELL, ANDREW L  
Address: 100 BENEFITFOCUS WAY  
City-St-Zip: DANIEL ISLAND, SC 29492

Title: TVP  
Name: MCLAIN, GREG  
Address: 100 BENEFITFOCUS WAY  
City-St-Zip: DANIEL ISLAND, SC 29492

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: SHAWN A. JENKINS

CD

04/23/2012

Electronic Signature of Signing Officer or Director

Date