2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# F11000002516

Entity Name: ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.

Current Principal Place of Business:

2806 S GARFIELD ST
MISSOULA, MT 59801

New Principal Place of Business:

Current Mailing Address:

2806 S GARFIELD ST
MISSOULA, MT 59801

New Mailing Address:

FEI Number: 81-0400550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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: C
Name: VISSER, DIRK C
Address: 2086 S GARFIELD ST
City-St-Zip: MISSOULA, MT 59801

Title: D
Name: JAMESON, WILLIAM S
Address: 400 N BRAND BLVD
City-St-Zip: GLENDALE, CA 91203

Title: D
Name: PALMER, ERIC P
Address: 900 COTTAGE GROVE RD C5PRC
City-St-Zip: HARTFORD, CT 06152

Title: P
Name: DEWSNUP, RONALD K
Address: 2806 S GARFIELD ST
City-St-Zip: MISSOULA, MT 59801

Title: VP
Name: DANIELS, RICHARD K
Address: 2806 S GARFIELD ST
City-St-Zip: MISSOULA, MT 59801

Title: S
Name: MAPP, SHERMONA
Address: 1601 CHESTNUT ST TL16F
City-St-Zip: PHILADELPHIA, PA 19192

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: RONALD K DEWSNUP P 01/10/2012

Electronic Signature of Signing Officer or Director Date