

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003581

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** TRISTAR BENEFIT ADMINISTRATORS, INC.

**Current Principal Place of Business:**

100 OCEANGATE, SUITE 700  
LONG BEACH, CA 90802

**New Principal Place of Business:**

**Current Mailing Address:**

100 OCEANGATE, SUITE 700  
LONG BEACH, CA 90802

**New Mailing Address:**

**FEI Number:** 38-3739503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: DST  
Name: COTTER, DENISE  
Address: 100 OCEANGATE, SUITE 700  
City-St-Zip: LONG BEACH, CA 90802

Title: CP  
Name: VEALE, TOM  
Address: 100 OCEANGATE, SUITE 700  
City-St-Zip: LONG BEACH, CA 90802

Title: VPDV  
Name: MCLAUGHLIN, JOE  
Address: 100 OCEANGATE, SUITE 700  
City-St-Zip: LONG BEACH, CA 90802

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: DENISE COTTER

DST

01/03/2012

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

\_\_\_\_\_  
Date