

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001962 (8)

1. Corporation Name

MASS BENEFITS CONSULTANTS, INC.

Principal Place of Business

7212 POPLAR ST.
ANNANDALE VA 22003-0828

Mailing Address

7212 POPLAR ST.
ANNANDALE VA 22003-0828



3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOONEY, EDWARD R JR	
STREET ADDRESS	4212 SLEEPY HOLLOW RD.	
CITY-STATE-ZIP	ANNANDALE VA 22003	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHITEMAN, ZOPHAR H	
STREET ADDRESS	3325 GARLAND DR.	
CITY-STATE-ZIP	FALLS CHURCH VA 22041	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALKER, LINDA S	
STREET ADDRESS	1847 KIRBY RD.	
CITY-STATE-ZIP	MCLEAN VA 22101	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COMPER, WILHELMINA W	
STREET ADDRESS	7111 CYNTHIA CT.	
CITY-STATE-ZIP	ANNANDALE VA 22003	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	CRANSTON, ARTHUR S	
STREET ADDRESS	4409 MORGAL ST.	
CITY-STATE-ZIP	ROCKVILLE MD 20853	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	Vice President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	President / Director / CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	Secretary / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Arthur S. Cranston, III
6.3 STREET ADDRESS	6593 Hemlock Point Road
6.4 CITY-STATE-ZIP	New Market, Maryland 21771

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 703 256 7800

CR2E034 (12/95)