

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005649

FILED
Feb 06, 2007
Secretary of State

Entity Name: BENECARD SERVICES, INC.

Current Principal Place of Business:

168 FRANKLIN CORNER ROAD
BLDG.2, STE. 201
LAWRENCEVILLE, NJ 08648

New Principal Place of Business:

Current Mailing Address:

168 FRANKLIN CORNER ROAD
BLDG.2, STE. 201
LAWRENCEVILLE, NJ 08648

New Mailing Address:

FEI Number: 22-2998772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KARLIN, DAVID S
Address: 168 FRANKLIN CORNER RD, STE 201, BLDG. 2
City-St-Zip: LAWRENCEVILLE, NJ 08648 US

Title: V () Delete
Name: FRANCESCONE, BART J
Address: 18 LONG ACRE DRIVE
City-St-Zip: CREAM RIDGE, NJ 08514

Title: ST () Delete
Name: FRANCESCONE, BART J
Address: 18 LONG ACRE DRIVE
City-St-Zip: PRINCETON, NJ 08550

Title: T () Delete
Name: MASTIL, JOHN
Address: 5258 BALLARD DRIVE
City-St-Zip: BENSALEM, PA 19020

Title: D () Delete
Name: ULLMAN, RICHARD A
Address: 1200 RT 46 W,2ND FL
City-St-Zip: CLIFTON, NJ 07013

Title: D () Delete
Name: ULLMAN, KENNETH D
Address: 1200 RT. 46 WEST
City-St-Zip: CLIFTON, NJ 07013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BART FRANCESCONE

ST

02/06/2007

Electronic Signature of Signing Officer or Director

_____ Date