

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002382

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: CORPORATE BENEFIT SERVICES OF AMERICA, INC.

## Current Principal Place of Business:

400 HWY 169 SOUTH  
SUITE 800  
MINNEAPOLIS, MN 554261141 US

## New Principal Place of Business:

## Current Mailing Address:

1 SOUTH STREET  
10TH FLOOR  
BALTIMORE, MD 21202 US

## New Mailing Address:

100 PAINTERS MILL ROAD  
SUITE 300  
OWINGS MILLS, MD 21117 US

FEI Number: 41-1704028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUTER, LARRY J MD  
3965 HENDERSON BLVD.  
TAMPA, FL 336295015 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: COOPERSTONE, JACOB S  
Address: 300 CORPORATE PARKWAY  
City-St-Zip: AMHERST, NY 14226 US

Title: S ( ) Delete  
Name: BALOGH, ANDREA L  
Address: 300 CORPORATE PARKWAY  
City-St-Zip: AMHERST, NY 14226 US

Title: T ( ) Delete  
Name: DIMURA, VINCENT J  
Address: 300 CORPORATE PARKWAY  
City-St-Zip: AMHERST, NY 14226 US

Title: VPD ( ) Delete  
Name: PHAM, HUY T  
Address: 300 CORPORATE PARKWAY  
City-St-Zip: AMHERST, NY 14226 US

Title: VP ( ) Delete  
Name: BUKOVINSKY, RICHARD S  
Address: 50 W BROADWAY SUITE 1130  
City-St-Zip: SALT LAKE CITY, UT 84101 US

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: ANDREA L. BALOGH

S

01/26/2009

Electronic Signature of Signing Officer or Director

Date