2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CBIZ BENEFITS & INSURANCE SERVICES, INC.

Current Principal Place of Business:

11440 TOMAHAWK CREEK PARKWAY
LEAWOOD, KS 66211 US

New Principal Place of Business:

Current Mailing Address:

6050 OAK TREE BLVD., SUITE 500
CLEVELAND, OH 44131 US

New Mailing Address:

FEI Number: 31-1582098 **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: P
Name: O'BRYNE, ROBERT A
Address: 11440 TOMAHAWK CREEK PKWY
City-St-Zip: LEAWOOD, KS 66211

Title: D
Name: GRISKO, JEROME P JR.
Address: 6050 OAK TREE BLVD., STE. 500
City-St-Zip: CLEVELAND, OH 44131

Title: V
Name: MELLARD, NANCY M
Address: 11440 TOMAHAWK CREEK PKWY
City-St-Zip: LEAWOOD, KS 66211

Title: S
Name: GLEESPEN, MICHAEL W
Address: 6050 OAK TREE BLVD., STE. 500
City-St-Zip: CLEVELAND, OH 44131

Title: T
Name: MAREK, KELLY J
Address: 6050 OAK TREE BLVD., STE. 500
City-St-Zip: CLEVELAND, OH 44131

Title: CFO
Name: MORRIS, CAROL L
Address: 11440 TOMAHAWK CREEK PKWY
City-St-Zip: LEAWOOD, KS 66211

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: MICHAEL W. GLEESPEN S 04/08/2011

Electronic Signature of Signing Officer or Director Date