

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004103

FILED
Apr 22, 2010
Secretary of State

Entity Name: MERCER HEALTH & BENEFITS LLC

Current Principal Place of Business:

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

121 RIVER STREET
11TH FL TAX DEPT
HOBOKEN, NJ 07030

New Mailing Address:

FEI Number: 34-2015463 **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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MERCER (US), INC.
Address: 1166 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: PD
Name: SHANNON, ROBERT H
Address: 1166 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: CD
Name: BELTRAME, PETER ERNEST
Address: 121 RIVER ST.
City-St-Zip: HOBOKEN, NJ 07030

Title: S
Name: GOLDENBERG, DAVID
Address: 1166 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: AS
Name: OBRIEN, MARGARET M
Address: 1166 AVENUE OF THE AMERICA
City-St-Zip: NEW YORK, NY 10036

Title: AT
Name: MULRAINE HAZELL, SHERYL P
Address: 121 RIVER STREET
City-St-Zip: HOBOKEN, NJ 07030

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHERYL MULRIANE-HAZELL

AT

04/22/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date