

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000864

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BMI BENEFITS, L.L.C.

**Current Principal Place of Business:**

76 MAIN STREET  
MATAWAN, NJ 07747

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NFP, 500 W. MADISON STREET  
SUITE 2400  
CHICAGO, IL 60661

**New Mailing Address:**

**FEI Number:** 20-1517991

**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:** MGR  
**Name:** O'MALLEY, EDWARD  
**Address:** 1250 CAPITAL OF TEXAS HWY S  
**City-St-Zip:** AUSTIN, TX 78746 US

**Title:** MGR  
**Name:** HINKSON, MALIKA S  
**Address:** 340 MADISON AVENUE, 20TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10173 US

**Title:** MGR  
**Name:** SCHNEIDER, BRETT  
**Address:** 340 MADISON AVENUE, 20TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10173

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:** BRETT SCHNEIDER

MGR

04/30/2012

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