

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001489

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** TOTAL BENEFIT COMMUNICATIONS, LLC

**Current Principal Place of Business:**

1117 PERIMETER CENTER WEST  
SUITE W212  
ATLANTA, GA 30338

**New Principal Place of Business:**

**Current Mailing Address:**

1117 PERIMETER CENTER WEST  
SUITE W212  
ATLANTA, GA 30338

**New Mailing Address:**

199 WATER STREET  
28TH FLOOR ATTN: JESSICA VAILLANCOURT  
NEW YORK, NY 10038

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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 ( ) Delete  
Name: OBENAUER, S. DAVISON  
Address: 105 EISENHOWER PARKWAY  
City-St-Zip: ROSELAND, NJ 07068

Title: MGR ( ) Delete  
Name: FORSTENZER, ANDREW  
Address: 199 WATER STREET, 28TH FLOOR  
City-St-Zip: NEW YORK, NY 10038

Title: MGR ( ) Delete  
Name: SEXTON, KIMBERLY  
Address: 1117 PERIMETER CENTER WEST, STE. W212  
City-St-Zip: ATLANTA, GA 30338

Title: MGR ( ) Delete  
Name: FINN, MICHAEL  
Address: 200 DRYDEN ROAD  
City-St-Zip: DRESHER, PA 19025

Title: MGR ( ) Delete  
Name: DUNKIN, ELLEN R  
Address: 199 WATER STREET, 28TH FLOOR  
City-St-Zip: NEW YORK, NY 10038

Title: MGR ( ) Delete  
Name: GUILLOCHEAU, ROBERT  
Address: 200 DRYDEN ROAD  
City-St-Zip: DRESHER, PA 19025

**ADDITIONS/CHANGES:**

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 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: ELLEN R DUNKIN

MGR

04/30/2009

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