

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002664

FILED
Apr 25, 2011
Secretary of State

Entity Name: CLARITY BENEFIT CONSULTING, LLC

Current Principal Place of Business:

1120 SANCTUARY PARKWAY SUITE 300
ALPHARETTA, GA 30009

New Principal Place of Business:

Current Mailing Address:

1120 SANCTUARY PARKWAY SUITE 300
ALPHARETTA, GA 30009

New Mailing Address:

701 B STREET
6TH FLOOR
SAN DIEGO, CA 92101

FEI Number: 20-2821346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CORBETT, THOMAS W
Address: 1301 DOVE STREET SUITE 200
City-St-Zip: NEWPORT BEACH, CA 92660

Title: MGR
Name: ZIMMER, P. GREGORY JR
Address: 1301 DOVE STREET SUITE 200
City-St-Zip: NEWPORT BEACH, CA 92660

Title: MGR
Name: HALL, JEROLD D
Address: 1301 DOVE STREET SUITE 200
City-St-Zip: NEWPORT BEACH, CA 92660

Title: TREA
Name: FILLEY, TED C
Address: 701 B STREET 6TH FLOOR
City-St-Zip: SAN DIEGO, CA 92101

Title: SEC
Name: ZAK, KENNETH A
Address: 701 B STREET 6TH FLOOR
City-St-Zip: SAN DIEGO, CA 92101

Title: SVP
Name: SCHOTT, CHRISTOPHER
Address: 1120 SANCTUARY PARKWAY SUITE 300
City-St-Zip: ALPHARETTA, GA 30009

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: KENNETH A. ZAK

SEC

04/25/2011

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