2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# P93000077471

Entity Name: EMPLOYEE BENEFIT COMMUNICATIONS, INC.

Current Principal Place of Business:

1000 MILWAUKEE AVENUE
GLENVIEW, IL 60025 US

New Principal Place of Business:

Current Mailing Address:

436 WALNUT STREET
WB12A
PHILADELPHIA, PA 19106 US

New Mailing Address:

FEI Number: 59-3215889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DP
Name: BENNETT, BRAD M
Address: 1000 MILWAUKEE AVENUE
City-St-Zip: GLENVIEW, IL 60025

Title: S
Name: GIGANTE, CARMINE A
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

Title: T
Name: BURCHILL, MICHAEL
Address: 1000 MILWAUKEE AVENUE
City-St-Zip: GLENVIEW, IL 60025

Title: D
Name: LIPPAI, STEVEN E
Address: 1000 MILWAUKEE AVENUE
City-St-Zip: GLENVIEW, IL 60025

Title: AS
Name: FORD, JAMES
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

Title: AS
Name: BUCKLEY, JOHN
Address: 510 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

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: JAMES FORD AS 04/25/2012

Electronic Signature of Signing Officer or Director Date