

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006158

**Entity Name:** AMERIBENEFIT PLAN INC.

**Current Principal Place of Business:**

16476 WILD HORSE CREEK ROAD  
CHESTERFIELD, MO 63017

**Current Mailing Address:**

16476 WILD HORSE CREEK ROAD  
CHESTERFIELD, MO 63017

**FEI Number:** 43-1705819

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title D  
Name HESSLER, MICHAEL  
Address 2533 CHARLACK AVENUE  
City-State-Zip: SPRINGFIELD IL 62704

Title D  
Name TALAMANTES, JERRY  
Address 2020 WASHINGTON AVE, #103  
City-State-Zip: ST. LOUIS MO 63103

Title D  
Name SNEDDON, KEVIN  
Address 19 DUBOIS DRIVE  
City-State-Zip: SOUTH BURLINGTON VT 05403

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL HESSLER

PRESIENT

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date