

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007259

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC1000927238**

**Entity Name:** BENEFIT CONSULTANTS GROUP, INC.

**Current Principal Place of Business:**

51 HADDONFIELD ROAD  
SUITE 200  
CHERRY HILL, NJ 08002

**Current Mailing Address:**

51 HADDONFIELD ROAD  
SUITE 200  
CHERRY HILL, NJ 08002 US

**FEI Number:** 23-2383285

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR, SUITE A  
TALLAHASSEE, FL 32301 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 CD  
Name PAGLIONE, ROBERT  
Address 51 HADDONFIELD ROAD  
SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002

Title D  
Name PAGLIONE, CAROL  
Address 51 HADDONFIELD ROAD  
SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002

Title EVP  
Name SOKOLIC, STEVEN  
Address 51 HADDONFIELD ROAD  
SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002

Title DPT  
Name ARROYO, JORGE  
Address 51 HADDONFIELD ROAD  
SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002

Title DVPS  
Name PAGLIONE, ADAM  
Address 51 HADDONFIELD ROAD  
SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002

Title EVP  
Name ADAMS, BEAU  
Address 51 HADDONFIELD ROAD  
SUITE 200  
City-State-Zip: CHERRY HILL NJ 08002

*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:** STEVEN SOKOLIC

EVP

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date