

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002929

**FILED**  
**Apr 13, 2021**  
**Secretary of State**  
**6368753548CC**

**Entity Name:** TRINITY BENEFITS CONSULTING, INC.

**Current Principal Place of Business:**

7401 CARMEL EXECUTIVE PARK  
SUITE 320  
CHARLOTTE, NC 28226

**Current Mailing Address:**

500 W. MADISON STREET  
32ND FLOOR  
CHICAGO, IL 60661 US

**FEI Number: 56-2246184**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PT  
Name WISE, ALAN H  
Address 7401 CARMEL EXECUTIVE PARK;  
SUITE 320  
City-State-Zip: CHARLOTTE NC 28226

Title D  
Name MOO, VERONICA  
Address 340 MADISON AVENUE  
20TH FLOOR  
City-State-Zip: NEW YORK NY 10173

Title S  
Name FLOYD, HARRY  
Address 7401 CARMEL EXECUTIVE PARK;  
SUITE 320  
City-State-Zip: CHARLOTTE NC 28226

Title V  
Name LIESER, LORI M.  
Address 500 W. MADISON STREET  
SUITE 2710  
City-State-Zip: CHICAGO IL 60661

Title D  
Name SCHNEIDER, BRETT  
Address 340 MADISON AVENUE  
20TH FLOOR  
City-State-Zip: NEW YORK NY 10173

Title D  
Name O'MALLEY, EDWARD  
Address 1250 CAPITAL OF TEXAS HWY S  
BLDG. 2  
City-State-Zip: AUSTIN TX 78746

*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: LORI M. LIESER**

**VICE PRESIDENT**

**04/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date