

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001717

Entity Name: LIFETIME BENEFIT SOLUTIONS, INC.**Current Principal Place of Business:**333 BUTTERNUT DRIVE
SYRACUSE, NY 13214**Current Mailing Address:**333 BUTTERNUT DRIVE
SYRACUSE, NY 13214 US**FEI Number:** 16-1171765**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., STE 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 DIRECTOR
Name BOOTH, CHRISTOPHER C
Address 165 COURT STREET
City-State-Zip: ROCHESTER NY 14647

Title CFO, DIRECTOR
Name COLEMAN, DOROTHY A
Address 165 COURT STREET
City-State-Zip: ROCHESTER NY 14647

Title SECRETARY, DIRECTOR
Name SLOAN, STEPHEN R
Address 165 COURT STREET
City-State-Zip: ROCHESTER NY 14647

Title ASSISTANT SECRETARY
Name CASSADY, MARGARET M.
Address 333 BUTTERNUT DRIVE
City-State-Zip: SYRACUSE NY 13214

Title PRESIDENT
Name FLORACK, LORI
Address 165 COURT STREET
City-State-Zip: ROCHESTER NY 14647

Title ASSISTANT SECRETARY
Name WALLACE, TERI L
Address 333 BUTTERNUT DRIVE
City-State-Zip: SYRACUSE NY 13214

Title TREASURER
Name O'REILLY, MARY E.
Address 165 COURT STREET
City-State-Zip: ROCHESTER NY 14647

Title ASST. SECRETARY
Name DOBROSKI, DEBRA S
Address 333 BUTTERNUT DRIVE
City-State-Zip: SYRACUSE NY 13214

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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 FLORACK**PRESIDENT****04/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REED, JAMES R
Address 333 BUTTERNUT DRIVE
City-State-Zip: SYRACUSE NY 13214

Title DIRECTOR
Name THORNTON II, BARRY J
Address 165 COURT STREET
City-State-Zip: ROCHESTER NY 14647