

**2020 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 ASSISTANT SECRETARY  
Name CASSADY, MARGARET M.  
Address 333 BUTTERNUT DRIVE  
City-State-Zip: SYRACUSE NY 13214

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

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

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

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

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

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

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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****04/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name BURGESS, SR., LANCE NOLAN  
Address 300 MAIN STREET  
City-State-Zip: EAST ROCHESTER NY 14445

Title CFO/DIRECTOR  
Name GORECKI, CHRISTOPHER MARTIN  
Address 165 COURT STREET  
City-State-Zip: ROCHESTER NY 14647