

2025 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:**165 COURT STREET
ROCHESTER, NY 14647 US**FEI Number:** 16-1171765**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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 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 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

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

Title DIRECTOR
Name GARDNER, MELISSA N.
Address 165 COURT STREET
City-State-Zip: ROCHESTER NY 14647

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

Title ASST. SECRETARY
Name GOMEZ, MEGAN
Address 165 COURT STREET
City-State-Zip: ROCHESTER NY 14647

Continues on page 2

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: TODD MUSCATELLO

PRESIDENT

01/07/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name GEORGE, MICHELE
Address 333 BUTTERNUT DRIVE
City-State-Zip: SYRACUSE NY 13214

Title DIRECTOR
Name WHITE, LISA
Address 165 COURT STREET
City-State-Zip: ROCHESTER NY 14647

Title ASST. SECRETARY
Name PLEBAN, BRIAN
Address 333 BUTTERNUT DRIVE
City-State-Zip: SYRACUSE NY 13214