

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003354

**FILED**  
**Jan 05, 2015**  
**Secretary of State**  
**CC7972330157**

**Entity Name:** WORKSITE BENEFITS, INC.

**Current Principal Place of Business:**

4080 MCGINNIS FERRY RD.  
SUITE 1001  
ALPHARETTA, GA 30005

**Current Mailing Address:**

825 MARKET STREET  
SUITE 300  
ALLEN, TX 75013

**FEI Number:** 46-2706522

**Certificate of Status Desired:** No

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

C T 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           DIRECTOR, CHAIRMAN  
Name           BYRNES, ROBERT J  
Address        825 MARKET STREET, SUITE 300  
City-State-Zip: ALLEN TX 75013

Title           DIRECTOR, CEO  
Name           JONES, STEPHEN V  
Address        825 MARKET STREET, SUITE 300  
City-State-Zip: ALLEN TX 75013

Title           PRESIDENT  
Name           GRABIAK, JEFF  
Address        825 MARKET STREET, SUITE 300  
City-State-Zip: ALLEN TX 75013

Title           VICE PRESIDENT, SECRETARY &  
                  TREASURER  
Name           LEONARD, REBA J  
Address        825 MARKET STREET, SUITE 300  
City-State-Zip: ALLEN TX 75013

Title           CFO, CONTROLLER  
Name           KEYS, WILLIAM H  
Address        825 MARKET STREET  
                  SUITE 300  
City-State-Zip: ALLEN TX 75013

Title           COO  
Name           CASEY, JENNIFER N  
Address        825 MARKET STREET, SUITE 300  
City-State-Zip: ALLEN TX 75013

*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:** REBA J. LEONARD

**SECRETARY**

**01/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date