

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003354

FILED
Jan 02, 2014
Secretary of State
CC2873499261

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 COO
Name SULLIVAN, MICHAEL C
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

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

**VICE PRESIDENT,
SECRETARY &
TREASURER**

01/02/2014

Electronic Signature of Signing Officer/Director Detail

Date

