No. W 110602		Due no later than Jan 31, 2016		2. Reg	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		MASSACHUSETTS BENEFIT ADMINISTRATORS LLC AMANDA HIGHTOWER LANDMARK CENTER 25 TECHNOLOGY PLACE HINGHAM MA 02043						
				3. <u>New</u>	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	ınies: Enter Naı	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER TIMOTHY O'		'BRIEN	401 PARK DRIVE	BOST	ON MA	USA	02215	
MANAGER ALAN ROSEI		NBERG	401 PARK DRIVE	BOST	ON MA	USA	02215	
MANAGER	ALLEN MALT	Z	40 PARK DRIVE	BOST	ON MA	USA	02215	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
MA W 110602		Signature: ALLEN MALTZ			Date: 11/18/2015			
		Name (type or print): ALLEN MALTZ			Title: MANAGER			
Processed 11/18/2015 * Electronically provided signatures are accepted as original signatures.							-	