

No. C 113412		Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FBMC BENEFITS MANAGEMENT, INC. PATRICIA NEELY 3101 SESSIONS ROAD TALLAHASSEE FL 32303		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MICHAEL HUGH SHERIDAN	3101 SESSIONS ROAD	TALLAHASSEE	FL	USA	32303
SECRETARY	PATRICIA KATHRYN NEELY	3101 SESSIONS ROAD	TALLAHASSEE	FL	USA	32303
DIRECTOR	AGNES ROSE MCMURRAY	3101 SESSIONS ROAD	TALLAHASSEE	FL	USA	32303
TREASURER	DEBRA LYNN TOUGAS	3101 SESSIONS ROAD	TALLAHASSEE	FL	USA	32303
PRESIDENT	DAVID FAULKENBERRY	3101 SESSIONS ROAD	TALLAHASSEE	FL	USA	32303-1878
DIRECTOR	LAWRENCE CARL DENNIS	3101 SESSIONS ROAD	TALLAHASSEE	FL	USA	32303
DIRECTOR	JOHN R MARKS	3101 SESSIONS ROAD	TALLAHASSEE	FL	USA	32303
DIRECTOR	JEROME STUART OSTERYOUNG	3101 SESSIONS ROAD	TALLAHASSEE	FL	USA	32303
5. Organized Under the Laws of: FL C 113412		6. Annual Report must be signed.* Signature: PATRICIA KATHRYN NEELY Name (type or print): PATRICIA KATHRYN NEELY Date: 01/05/2016 Title: SECRETARY				
Processed 01/05/2016		* Electronically provided signatures are accepted as original signatures.				