No. <b>W 105997</b>		Due no later than Aug 31, 2015		2. Registered Agent and Address (NO PO BOX)					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  AON HEWITT BENEFIT PAYMENT SERVICES, LLC  MICHAEL WILLIAMS  200 E RANDOLPH ST  CHICAGO IL 60601  USA		1255	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713				
				3. New Registered Agent Signature:*					
NO FILING FEE IF RECEIVED BY DUE DATE				S. Herr Registered Agent Signature.					
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses of at	least one Member or Manager.						
Office Held	Name		Street or PO Address	City		State	Country	Postal Code	
MANAGER	MICHELLE S	LEY	200 E. RANDOLPH ST.	CHICA	AGO	IL	USA	60601	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
11.		Signature: MICHELLE S LEY			Date: 08/25/2015				
W 105997		Name (type or print): MICHELLE S LEY			Title: ASST. VP				
Processed 08/25/2015 * Electronically provided signatures are accepted as original signatures.									