

No. C 113412	Due no later than Jan 31, 2011 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. FRINGE BENEFITS MANAGEMENT COMPANY FLORRIE JONES PO BOX 1878 TALLAHASSEE FL 32302-1878 USA	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 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
PRESIDENT	LORRAINE M STRICKLAND	3101 SESSIONS ROAD P. O. BOX 1878	TALLAHASSEE	FL	USA	32303-1878
SECRETARY	PATRICIA NEELY	3101 SESSIONS ROAD P. O. BOX 1878	TALLAHASSEE	FL	USA	32303-1878
DIRECTOR	MICHAEL H SHERIDAN	3101 SESSIONS ROAD P. O. BOX 1878	TALLAHASSEE	FL	USA	32303-1878
TREASURER	DEBRA TOUGAS	PO BOX 1878	TALLAHASSEE	FL	USA	32302-1878
5. Organized Under the Laws of: FL C 113412	6. Annual Report must be signed.* Signature: Florrie Jones Name (type or print): Florrie Jones		Date: 01/05/2011 Title: Sr. Compliance Specialist			
Processed 01/05/2011		* Electronically provided signatures are accepted as original signatures.				