

No. C 113412		Due no later than Jan 31, 2013 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. FBMC BENEFITS MANAGEMENT, INC. 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	
SECRETARY	PATRICIA NEELY	3101 SESSIONS ROAD P. O. BOX 1878	TALLAHASSEE	FL	USA	32303	
DIRECTOR	MICHAEL H SHERIDAN	3101 SESSIONS ROAD P. O. BOX 1878	TALLAHASSEE	FL	USA	32303	
TREASURER	DEBRA TOUGAS	PO BOX 1878	TALLAHASSEE	FL	USA	32302-1878	
PRESIDENT	DAVID FAULKENBERRY	3101 SESSIONS ROAD P. O. BOX 1878	TALLAHASSEE	FL	USA	32303	
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: 01/08/2013 Title: Sr. Compliance Specialist					
Processed 01/08/2013 * Electronically provided signatures are accepted as original signatures.							