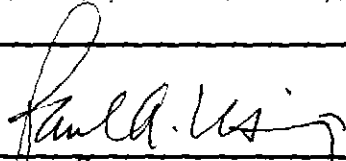


No. <b>W 100366</b>	<b>Due no later than Feb 28, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> FRENKEL BENEFITS, LLC <del>JACQUELINE BEAUDET</del> <del>350 HUDSON ST 4TH FL</del> <del>NEW YORK NY 10014</del> Frenkel Benefits, LLC Kinney Lisovicz Reilly & Wolff PC P.O. Box 912, Parsippany, NJ 07054		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	John F. Kelly	350 Hudson Street, 4th Floor	New York, NY	U.S.		10014	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Craig Hasday	350 Hudson Street, 4th Floor	New York, NY	U.S.		10014	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Peter Flynn	350 Hudson Street, 4th Floor	New York, NY	U.S.		10014	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Daniel Izraeli	350 Hudson Street, 4th Floor	New York, NY	U.S.		10014	

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">           NEW YORK            W 100366         </div>	6. Signature:  <hr/> Name (type or print): <u>PAUL A. LISOVICZ</u> PAUL LISOVICZ, ESQ. <hr/> <div style="text-align: right;">         Date: <u>02/23/17</u>          Title: _____          Authorized Representative       </div>
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