RI SOS Filing Number: 200940385650 Date: 01/15/2009 11:05 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000150625

2. Name of Corporation Optimal Benefit Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 400 FIELD DRIVE
City or Town: LAKE FOREST State: IL Zip: 60045 Country: USA

4. Business Phone No.

847-283-1007

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

FRAUD SERVICES

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	PAUL SCHUSTER	400 FIELD DRIVE LAKE FOREST, IL 60045 USA
SECRETARY	SARA LEE KELLER	400 FIELD DRIVE LAKE FOREST, IL 60045 USA
PRESIDENT	JULIE MALIDA	400 FIELD DRIVE LAKE FOREST, IL 60045- USA
VICE PRESIDENT	J BRINKE MARCUCCILLI	400 FIELD DRIVE LAKE FOREST, IL 60045 USA
DIRECTOR	DAVID MCDONOUGH	400 FIELD DRIVE LAKE FOREST, IL 60045 USA
DIRECTOR	SARA LEE KELLER	400 FIELD DRIVE LAKE FOREST, IL 60045 USA
DIRECTOR	J BRINKE MARCUCCILLI	400 FIELD DRIVE LAKE FOREST, IL 60045 USA
DIRECTOR	JULIE MALIDA	400 FIELD DRIVE LAKE FOREST, IL 60045 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.01	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 15 Day of January, 2009 at 11:06:24 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SARA LEE KELLER
Signature of Authorized Representative of the Corporation

SECRETARY
Title

Form No. 630
Revised 09/07