

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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Filling Period: January 1 - March 1 • Filling Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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. 7-1.2-150).

subject to a penalty fee of \$25.00	).	, g	report wante intrity (50)	ways agree the time presenteed by t	aw (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 162535	Total Bend	2. Name of Corporation Total Benefit Communications, Inc.				
3. Street Address Principal Business Office 4135 North Front Street			City Harrisburg	State PA	<i>Ζφ</i> 10 ·	
4. Business Phone No. 5. State of Incorporation T17-657-0789 GA		<u></u>		2100		
6. Brief Description of the Chara	cter of Business Condi	icted in Rhode Island				
7. NAMES AND ADDRES	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	( <i>CHMENT</i> )	I SPACES BEFORE USING	ATTACHMENTS	
President Name Robert Guillocheau			Vice President Name Michael R. Folmer			
Street Address 200 Dryden Road			Street Address 4135 North Front Street		<u>Θ</u>	
<sup>City</sup> Dresher	State PA	<sup>Zip</sup> 19025	City Harrisburg	State PA	2ip 17110	
Secretary Name Ellen R. Dunkin			Treasurer Name Michael Finn			
Street Address 199 Water Street, 28th Floor			Street Address 200 Dryden Road			
New York	State NY	<sup>Zip</sup> 10038	City Dresher	State PA	<sup>Zip</sup> 19025	
8. NAMES AND ADDRESS	SES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL 1	I IN SPACES BEFORE USIN	G ATTACHMENTS	
Director Name Andrew P. Forstenzer			Director Name Scot H. Parnell			
Street Address			Street Address			
7557 Rambler Road			105 Eisenhower Parkway			
City	State	Zip	City	State	Zip 😽	
Dallas  Director Name	JTX	75231	Roseland	NJ	070 <del>6</del> 8 2円	
			Director Name			
Street Address			Street Address C 2-7 [T]			
City	State	Zip	City	State	Zip 🕏	
9. SHARES AUTHORIZED			•			
				CTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	Common	\$0.01	
This report must be execu-	ted on behalf of th	e corporation by an authorize	d representative. If the	corporation is in the hand	of a receiver or trustee	
this report must be execute	ed on behalf of the	e corporation by the receiver of	or trustee.		or a receiver or musice,	
			Under penalty of	perjury, I declare and affirm t	hat I have examined this repor	
Pos			contained herein:	companying schedules and sta arg true and correct	tements, and that all statemen	
File Date	LED		Michael	Rtolony	11-9-11	
	) 6 <b>2011</b> A		Signature		Date Date	
Check No.	0 <b>2011</b>	$\forall D$	Michael R. I	Folmer		
By: By			Print or Type Name			
FOR SECRETARY OF	STATE USE ONLY		Vice Presid	ent/Tax Director		

Title