RI SOS Filing Number: 201186820040 Date: 12/06/2011 4:00 PM

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

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 2009

Filing Period: January 1 - March 1 • **Filing 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. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
162535	Total Benefit Communications, Inc.			
3. Street Address Principal Business Office		City	State	Zip
4135 North Front Street		Harrisburg	PA	17110
4. Business Phone No.	5. State of Incorporation			
717-657-0789	GA			

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

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7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Robert Guillocheau	200 Dryden Road	Dresher	PA	19025
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Michael R. Folmer	4135 North Front Street	Harrisburg	PA	17110
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Ellen R. Dunkin	199 Water Street, 28th Floor	New York	NY	10038
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Michael Finn	200 Dryden Road	Dresher	PA	19025

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Andrew P. Forstenzer	7557 Rambler Road	Dallas	TX	75231
Director Name	**Street Address**	**City**	**State**	**Zip**
Scot H. Parnell	105 Eisenhower Parkway	Roseland	NJ	07068
Director Name	**Street Address**	**City**	**State**	**Zip**

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9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	Common	$0.01

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.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael R. Folmer 11-9-11
Signature *Date*

Michael R. Folmer
Print or Type Name

[redacted] Vice President/Tax Director
Title

File Date FILED
Check No. DEC 06 2011 80070
By: By
FOR SECRETARY OF STATE USE ONLY

70232-4-641125

Form 630 Rev. 08/08