

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

0594198

DOCUMENT # F00000004850

1. Entity Name
ONLINE BENEFITS, INC.

05-29-2001 90002 047 ***150.00

Principal Place of Business: **1025 OLD COUNTRY ROAD, SUITE 202 WESTBURY NY 11590**
 Mailing Address: **1025 OLD COUNTRY ROAD, SUITE 202 WESTBURY NY 11590**

000404

2. Principal Place of Business: **333 Earle Ovington Blvd**
 Suite, Apt. #, etc.: **210**
 3. Mailing Address: **333 Earle Ovington Blvd**
 Suite, Apt. #, etc.: **210**



DO NOT WRITE IN THIS SPACE

City & State: **Uniondale, NY**
 Zip: **11553** Country: **Nassau**

4. FEI Number: **11-3543519**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COHEN, ALAN <input type="checkbox"/> Delete 1025 OLD COUNTRY ROAD, SUITE 202 WESTBURY NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEDNEY, JOHN <input type="checkbox"/> Delete 1025 OLD COUNTRY ROAD, SUITE 202 WESTBURY NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS DONAHUE, JOHN E <input type="checkbox"/> Delete 1025 OLD COUNTRY ROAD, SUITE 202 WESTBURY NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLCHO, MOSHE <input type="checkbox"/> Delete 1025 OLD COUNTRY ROAD, SUITE 202 WESTBURY NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNELL, THOMAS <input type="checkbox"/> Delete 55 BROAD STREET, 11TH FLOOR NEW YORK NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKE, GERALD M <input type="checkbox"/> Delete 417 LOCUST STREET DES MOINES IA 50309

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: John Donahue **4/23/01** **5164147000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)