

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000104

**Entity Name:** CAPACITY BENEFITS GROUP, INC.

**Current Principal Place of Business:**

1 BLUE HILL PLAZA  
PEARL RIVER, NY 10965

**Current Mailing Address:**

PO BOX 1689  
PEARL RIVER, NY 10965 US

**FEI Number:** 22-3335537

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MORELLI, DOMINIC A  
Address        1 BLUE HILL PLAZA  
City-State-Zip: PEARL RIVER NY 10965

Title            TREASURER  
Name            LULL, ROBERT G  
Address        1 BLUE HILL PLAZA  
City-State-Zip: PEARL RIVER NY 10965

Title            EVP  
Name            GERSON, CARL A  
Address        1 BLUE HILL PLAZA  
City-State-Zip: PEARL RIVER NY 10965

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARL GERSON

EVP

01/14/2019

Electronic Signature of Signing Officer/Director Detail

Date