

2021 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

01/26/2021

Electronic Signature of Signing Officer/Director Detail_____
Date