

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004571

**Entity Name:** FCE BENEFIT ADMINISTRATORS, INC.

**Current Principal Place of Business:**

887 MITTEN RD  
BURLINGAME, CA 94010

**Current Mailing Address:**

887 MITTEN RD  
BURLINGAME, CA 94010

**FEI Number:** 33-0330036

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC  
1200 S PINE ISLAND RD  
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           PCDT  
Name           BECKMAN, GARY  
Address        887 MITTEN RD  
City-State-Zip: BURLINGAME CA 94010

Title           VCSD  
Name           PORTER, STEPHEN L  
Address        887 MITTEN RD  
City-State-Zip: BURLINGAME CA 94010

*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:** STEPHEN L PORTER

VCSD

03/08/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date