

1.) CORPORATION NAME: MASS BENEFITS CONSULTANTS, INC.	DUE DATE: 1/31/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LINDA S WALKER 7212 POPLAR ST ANNANDALE, VA	SCC ID NO: 04775599				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7212 POPLAR STREET

CITY/ST/ZIP: ANNANDALE, VA 22003

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ARTHUR S CRANSTON JR TITLE: P/D ADDRESS: 7212 POPLAR STREET CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LINDA S WALKER TITLE: VP/D ADDRESS: 7212 POPLAR ST CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ARTHUR SCOTT CRANSTON III TITLE: T/S ADDRESS: 7212 POPLAR ST CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LINDA S WALKER	LINDA S WALKER, VP/D	1/12/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.