

1.) CORPORATION NAME: ProBenefits, Inc.	DUE DATE: 6/30/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DENNIS W KNIGHT JR 315 BROOKSTONE DRIVE FOREST, VA 24551	SCC ID NO: F1343260				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BEDFORD 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: NC					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2640 REYNOLDA ROAD CITY/ST/ZIP: WINSTON-SALEM, NC 27106	
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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: GARY M KNIGHT TITLE: PRESIDENT ADDRESS: 2640 REYNOLDA ROAD CITY/ST/ZIP/CO: WINSTON SALEM, NC 27106	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JASON M COGDILL TITLE: VICE PRESIDENT ADDRESS: 2640 REYNOLDA RD CITY/ST/ZIP/CO: WINSTON SALEM, NC 27106	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JILL N KNIGHT TITLE: SECRETARY ADDRESS: 2640 REYNOLDA ROAD CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27106	<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/ GARY M KNIGHT	GARY M KNIGHT, PRESIDENT	5/16/2012
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.