

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213542322

1.) CORPORATION NAME:

PROFESSIONAL BENEFITS SOLUTIONS, INC.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**J PATRICK MCMAHON
2100 RESTON PKWY
SUITE 325**

SCC ID NO: **F1354127**

RESTON, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14504 GREENVIEW DR STE 506

CITY/ST/ZIP: LAUREL, MD 20708

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES E DAYHOFF JR		
TITLE:	PRESIDENT		
ADDRESS:	14504 GREENVIEW DR STE 506		
CITY/ST/ZIP/CO:	LAUREL, MD 20708		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEVIN L BROWN		
TITLE:	VICE PRESIDENT		
ADDRESS:	14504 GREENVIEW DR STE 506		
CITY/ST/ZIP/CO:	LAUREL, MD 20708		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Joseph Duckett		
TITLE:	VICE PRESIDENT		
ADDRESS:	14504 Greenview Drive STE 506		
CITY/ST/ZIP/CO:	Laurel, MD 20708		

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.

<u>/s/ JAMES E DAYHOFF JR</u>	<u>JAMES E DAYHOFF JR,</u>	<u>9/10/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.