

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215517614

1.) CORPORATION NAME:

Merchants Benefit Administration, Inc.

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER
1111 EAST MAIN STREET, 16TH FLOOR**

SCC ID NO: **F1547829**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13840 N NORGH SIGHT BLVD
STE 101

CITY/ST/ZIP: SCOTTSDALE, AZ 85260

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:	ALLEN D BRESS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	13840 N NORTHSIGHT BLVD STE 101		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		

NAME:	ALLEN D BRESS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13840 N NORTHSIGHT STE 101		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		

NAME:	GAIL L BRESS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	13840 N NORTHSIGHT STE 101		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		

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/ ALLEN D BRESS	ALLEN D BRESS, PRESIDENT	5/4/2015
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.