

1.) CORPORATION NAME:

**TurnKey Benefits, Inc.**

DUE DATE: **8/31/2011**

SCC ID NO: **F1558628**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**REGISTERED AGENT SOLUTIONS, INC.**

**7288 HANOVER GREEN DRIVE**

**MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8330 ALLISON POINTE TRAIL

CITY/ST/ZIP: INDIANAPOLIS, IN 46250-

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: R MARK MCLEAN  
TITLE: VICE PRESIDENT  
ADDRESS: 534 RIVER CROSSING DRIVE  
CITY/ST/ZIP/CO: FORT MILL, SC 29715-

OFFICER

DIRECTOR

NAME: WALLACE T GRAY  
TITLE: SECRETARY  
ADDRESS: 8330 ALLISON POINTE TRAIL  
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250-

OFFICER

DIRECTOR

NAME: BRADLEY P RAY  
TITLE: TREASURER  
ADDRESS: 8330 ALLISON POINTE TRAIL  
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250-

OFFICER

DIRECTOR

NAME: SHELLEY L STROMPLE  
TITLE: VICE PRESIDENT  
ADDRESS: 534 RIVERCROSSING DR  
CITY/ST/ZIP/CO: FORT MILL, SC 29715-

OFFICER

DIRECTOR

NAME: LARRY R DUST  
TITLE: PRESIDENT  
ADDRESS: 8330 ALLISON POINTE TRAIL  
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250-

OFFICER

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.

<u>/s/ WALLACE T GRAY</u>	<u>WALLACE T GRAY, SECRETARY</u>	<u>7/8/2011</u>
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.