

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213535898
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1.) CORPORATION NAME: <b>TurnKey Benefits, Inc.</b>	DUE DATE: <b>8/31/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA</b>	SCC ID NO: <b>F1558628</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>IN</b>					

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: LARRY R DUST			
TITLE: PRESIDENT			
ADDRESS: 8330 ALLISON POINTE TRAIL			
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: R MARK MCLEAN			
TITLE: VICE PRESIDENT			
ADDRESS: 534 RIVER CROSSING DRIVE			
CITY/ST/ZIP/CO: FORT MILL, SC 29715			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: SHELLEY L STROMPLE			
TITLE: VICE PRESIDENT			
ADDRESS: 534 RIVERCROSSING DR			
CITY/ST/ZIP/CO: FORT MILL, SC 29715			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: BRADLEY P RAY			
TITLE: TREASURER			
ADDRESS: 8330 ALLISON POINTE TRAIL			
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: WALLACE T GRAY			
TITLE: SECRETARY			
ADDRESS: 8330 ALLISON POINTE TRAIL			
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46250			

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/ WALLACE T GRAY	WALLACE T GRAY, SECRETARY	8/1/2013
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.