

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212549954

1.) CORPORATION NAME:

Contemporary Benefits Design, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1693227**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 855 SAM NEWELL ROAD SUITE 206

CITY/ST/ZIP: MATTHEWS, NC 28105

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 type="checkbox"/> DIRECTOR
NAME:	HARRY A STOKES		
TITLE:	PRESIDENT		
ADDRESS:	855 SAM NEWELL ROAD		
	SUITE 206		
CITY/ST/ZIP/CO:	MATTHEWS, NC 28105		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MALIKA HINKSON		
TITLE:	VICE PRESIDENT		
ADDRESS:	340 MADISON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10173		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LORI M LIESER		
TITLE:	VICE PRESIDENT		
ADDRESS:	500 W MADISON ST		
CITY/ST/ZIP/CO:	CHICAGO, IL 60661		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SHARYN STOKES		
TITLE:	SECRETARY		
ADDRESS:	855 SAM NEWELL ROAD		
	SUITE 206		
CITY/ST/ZIP/CO:	MATTHEWS, NC 28105		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EDWARD O'MALLEY		
TITLE:	DIRECTOR		
ADDRESS:	1250 CAPITAL OF TEXAS HWY S		
	BUILDING 2		
CITY/ST/ZIP/CO:	AUSTIN, TX 78746		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRETT SCHNEIDER		
TITLE:	DIRECTOR		
ADDRESS:	340 MADISON AVENUE		
	20TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10173		

NAME:	HARRY A. STOKES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	844 SAM NEWELL ROAD		
CITY/ST/ZIP/CO:	SUITE 206 MATTHEWS, NC 28105		

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/ LORI M LIESER	LORI M LIESER, VICE PRESIDENT	12/27/2012
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.