

1.) CORPORATION NAME:

**INDEPENDENT BENEFIT SERVICES, INC.**

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

**AUTH IN VI**

**AP CORPORATE SERVICES INC**

**252 N WASHINGTON ST**

**FALLS CHURCH, VA 22046**

DUE DATE: **4/30/2012**

SCC ID NO: **F1744921**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15800 CRABBS BRANCH WAY  
SUITE 350

CITY/ST/ZIP: ROCKVILLE, MD 20855-

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.

OFFICER

DIRECTOR

NAME: NEIL R SIMONS  
TITLE: PRESIDENT  
ADDRESS: 15800 CRABBS BRANCH WAY  
STE 310  
CITY/ST/ZIP/CO: ROCKVILLE, MD 20855-

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/ NEIL R SIMONS</u>	<u>NEIL R SIMONS, PRESIDENT</u>	<u>2/15/2012</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.