

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211502444

1.) CORPORATION NAME:

American Benefits and Compensation Systems, Inc.

DUE DATE: **1/31/2011**

SCC ID NO: **F1811910**

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

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: **99 PARK AVENUE
25TH FL**

CITY/ST/ZIP: **NEW YORK, NY 10016-**

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: CANDACE F WORTH
TITLE: SECRETARY
ADDRESS: 99 PARK AVE
25TH FL
CITY/ST/ZIP/CO: NEW YORK, NY 10016-

OFFICER

DIRECTOR

NAME: ERIC T LEVY
TITLE: PRESIDENT
ADDRESS: 99 PARK AVE
25TH FL
CITY/ST/ZIP/CO: NEW YORK, NY 10016-

OFFICER

DIRECTOR

NAME: PETER WORTH
TITLE: PRESIDENT
ADDRESS: 99 PARK AVE
25TH FL
CITY/ST/ZIP/CO: NEW YORK, NY 10016-

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.

/s/ PETER WORTH

PETER WORTH, PRESIDENT

1/26/2011

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.