

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212522625
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1.) CORPORATION NAME: Alliance Compensation & Benefits Group, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VIRGINIA PROFESSIONAL SERVICES LLC 3850 GASKINS RD STE 120 RICHMOND, VA 23233	DUE DATE: 7/31/2012 SCC ID NO: F1868191 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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: NE					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2566 Leavenworth St.
 CITY/ST/ZIP: Omaha, NE 68105

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: MICHAEL S MAPES TITLE: PRESIDENT ADDRESS: 2566 LEAVENWORTH CITY/ST/ZIP/CO: OMAHA, NE 68105		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MILTON PETERSEN TITLE: VICE PRESIDENT ADDRESS: 2566 LEAVENWORTH CITY/ST/ZIP/CO: OMAHA, NE 68105		

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/ MICHAEL S MAPES	MICHAEL S MAPES, PRESIDENT	6/18/2012
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.