

1.) CORPORATION NAME:

**CONSOLIDATED BENEFITS, INC.**

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES, INC.  
7288 HANOVER GREEN DRIVE  
MECHANICSVILLE, VA**

SCC ID NO: **F1872235**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2500 ELMERTON AVE

CITY/ST/ZIP: HARRISBURG, PA 17110

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:	GARY D ST HILAIRE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2500 ELMERTON AVE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	FRANCIS P OSCILOWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2500 ELMERTON AVENUE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	MICHAEL R CLEARY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2500 ELMERTON AVE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	WILLIAM LEHR JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHAIRMAN		
ADDRESS:	2500 ELMERTON AVE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	SHERRY E BASKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2500 ELMERTON AVE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	DEBRA B COHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2500 ELMERTON AVENUE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	SANDRA H NEYDL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2500 ELMERTON AVENUE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	TRACY M ONOROSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2500 ELMERTON AVENUE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

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/ GARY D ST HILAIRE	GARY D ST HILAIRE, PRESIDENT	8/18/2015
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.