

1.) CORPORATION NAME:

ALLIED BENEFIT SYSTEMS, INC.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1907296**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 W ADAMS STREET

CITY/ST/ZIP: CHICAGO, IL 60606

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:	MITCHELL D WILNEFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	200 W ADAMS ST STE 500		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		

NAME:	BEN D SCHENKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 W ADAMS ST STE 500		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		

NAME:	ROB L VALERIOUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 W ADAMS ST STE 500		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		

NAME:	PATRICK R GABRIONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	200 W ADAMS ST STE 500		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		

NAME:	LAURENCE WILNEFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	200 W ADAMS ST STE 500		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		

NAME:	Mitchell D Wilneff	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 W Adams St, Ste 500		
CITY/ST/ZIP/CO:	Chicago, IL 60606		

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/ MITCHELL D WILNEFF SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MITCHELL D WILNEFF, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/12/2013 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.