No. C 196972		Due	2. Registered Agent and Address (NO PO BOX)					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. COMMERCIAL DEPOSIT INSURANCE AGENCY, INC. REGULATORY COMPLIANCE PO BOX 469011 SAN ANTONIO TX 78246			NATIONAL REGISTERED AGENTS INC			
				921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*				
4. Corporations: Enter Na	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MARC KRAMER		311 CAVERSHAM RD	BRYN MAWR	PA	USA	19010	
DIRECTOR	RECTOR CHARLES R PETERSON		311 CAVERSHAM RD	BRYN MAWR	PA	USA	19010	
DIRECTOR			610 BROADWAY 4TH FL	NEW YORK	NY	USA	10012	
DIRECTOR			250 SUMMER ST	BOSTON	MA	USA	02210	
PRESIDENT MARC KRAMER		1ER	311 CAVERSHAM RD	BRYN MAWR	PA	USA	19010	
SECRETARY	CRAIG S CO	OMEAUX	175 E. HOUSTON ST STE 1300	SAN ANTONIO	TX	USA	78205	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE		Signature: Craig S. Comeaux			Date: 11/19/2013			
C 196972		Name (type or print): Craig S. Comeaux			Title: Secretary			
Processed 11/19/2013		* Electronically pro	ovided signatures are accepted as original si	gnatures.				