No. <b>W 110602</b>		[	Due no later than Jan 31, 2013	2. Registered A	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.  MASSACHUSETTS BENEFIT ADMINISTRATORS LLC LANDMARK CENTER 401 PARK DR BOSTON MA 02215		1423 TYREL	NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA  3. New Registered Agent Signature:*			
				USA				
				3. <u>New</u> Registe				
4. Limited Liability Co.	mpanies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	TIMOTHY O		401 PARK DRIVE	BOSTON	MA	USA	02215	
MANAGER MANAGER	ALAN ROSEI ALLEN MALT		401 PARK DRIVE 40 PARK DRIVE	BOSTON BOSTON	MA MA	USA USA	02215 02215	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
MA W 110602		Signature: S	Stephen O'Grady		Date: 11/30/2012			
		Name (type	or print): Stephen O'Grady		Title: Consultant			
Processed 11/30/2013	* Electronically provided signatures are accepted as original signatures.							