| No. W 90396 | | Due no later than Feb 28, 2013 Annual Report Form | 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 | | 1. Mailing Address: Correct in this box if needed. TZ INSURANCE SOUTIONS LLC LARRY LUNDGREN 2200 FLETCHER AVE 4TH FLOOR FORT LEE NJ 07024 USA | NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:* | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER DAVID GRAF | | 2200 FLETCHER AVENUE 4TH AVE | FORT LEE | NJ | USA | 07024 |
| 5. Organized Under the Laws of: DE W 90396 | | 6. Annual Report must be signed.* Signature: Larry Lundgren Name (type or print): Larry Lundgren | Date: 03/18/2013 Title: Secretary | | | |
| Processed 03/18/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | |