

No. C 50896		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. LEXISNEXIS RISK SOLUTIONS INC. RENEE SIMONTON 1105 NORTH MARKET STREET SUITE 501 WILMINGTON DE 19801 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KENNETH THOMPSON	9443 SPRINGBORO PIKE	MIAMISBURG	OH	USA	45342	
DIRECTOR	JULIE GOLDWETZ	125 PARK AVE	NEWYORK	NY	USA	10017	
DIRECTOR	MEREDITH SIDEWATER	1000 ALDERMAN DRIVE	ALPHARETTA	GA	USA	30005	
DIRECTOR	MARK KELSEY	1000 ALDERMAN DR	ALPHARETTA	GA	USA	30005	
PRESIDENT	VACANT VACANT	1000 ALDERMAN DR	ALPHARETTA	GA	USA	30005	
TREASURER	KENNETH E FOGARTY	2 NEWTON PLACE SUITE 350	NEWTON	MA	USA	02458-1637	
DIRECTOR	KENNETH E FOGARTY	2 NEWTON PLACE SUITE 350	NEWTON	MA	USA	02458-1637	
SECRETARY	MEREDITH SIDEWATER	1000 ALDERMAN DRIVE	ALPHARETTA	GA	USA	30005-1637	
5. Organized Under the Laws of: GA C 50896		6. Annual Report must be signed.* Signature: REnee Simonton Name (type or print): REnee Simonton					
		Date: 01/05/2013 Title: VIce President					
Processed 01/05/2013 * Electronically provided signatures are accepted as original signatures.							