

|  |                      |   |             |  |                     |
|--|----------------------|---|-------------|--|---------------------|
| No. <b>C 203412</b>  |                      | <b>Due no later than Sep 30, 2016</b>   |             | <b>2. Registered Agent and Address (NO PO BOX)</b>                           |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CLEMONS, RUTHERFORD AND ASSOCIATES, INC.<br>ANNUAL REPORTS<br>2027 THOMASVILLE RD<br>TALLAHASSEE FL 32308 |             | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |                     |
|  |                      |   |             | 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 |
| PRESIDENT  | WILLIAM D RUTHERFORD | 2027 THOMASVILLE RD   | TALLAHASSEE | FL   | 32308               |
| 5. Organized Under the Laws of:<br><br><b>FL</b><br><b>C 203412</b>  |                      | 6. Annual Report must be signed.*<br>Signature: WILLIAM D. RUTHERFORD<br>Name (type or print): WILLIAM D. RUTHERFORD<br>Date: 08/30/2016<br>Title: PRESIDENT  |             |  |                     |
| Processed 08/30/2016   |                      | * Electronically provided signatures are accepted as original signatures.   |             |  |                     |