

No. C 50896		Due no later than Feb 28, 2017 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		1. Mailing Address: Correct in this box if needed. LEXISNEXIS RISK SOLUTIONS INC. RENEE SIMONTON 1105 NORTH MARKET STREET SUITE 501 WILMINGTON DE 19801		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
TREASURER	KENNETH E FOGARTY	313 WASHINGTON ST	NEWTON	MA	USA	02458-1637	
DIRECTOR	KENNETH E FOGARTY	313 WASHINGTON ST	NEWTON	MA	USA	02458-1637	
SECRETARY	MEREDITH SIDEWATER	1000 ALDERMAN DRIVE	ALPHARETTA	GA	USA	30005-1637	
DIRECTOR	KENNETH THOMPSON	9443 SPRINGBORO PIKE	MIAMISBURG	OH	USA	45342-1637	
DIRECTOR	JULIE GOLDWETZ	230 PARK AVE	NEW YORK	NY	USA	10169	
DIRECTOR	MEREDITH SIDEWATER	1000 ALDERMAN DRIVE	ALPHARETTA	GA	USA	30005-1637	
DIRECTOR	MARK KELSEY	1000 ALDERMAN DR	ALPHARETTA	GA	USA	30005-1637	
PRESIDENT	MARK KELSEY	1000 ALDERMAN DR	ALPHARETTA	GA	USA	30005-1637	
VICE PRESIDENT	PETER DANGOIA	313 WASHINGTON ST	NEWTON	MA	USA	02458	
VICE PRESIDENT	RENEE SIMONTON	1105 NORTH MARKET ST	WILMINGTON	DE	USA	19801	
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: 12/27/2016 Title: Vice president					
Processed 12/27/2016 * Electronically provided signatures are accepted as original signatures.							