

|  |                  |  |        |   |         |  |  |
|--|------------------|--|--------|---|---------|--|--|
| No. <b>C 190151</b>  |                  | <b>Due no later than Feb 28, 2015</b><br><b>Annual Report Form</b>   |        | 2. Registered Agent and Address ( <b>NO PO BOX</b> )            |         |  |  |
| Return to:<br><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>1. Mailing Address: Correct in this box if needed.</b><br><br>INDEPENDENT SAVINGS PLAN COMPANY (THE)<br>MARY VALDEZ<br>1115 GUNN HWY<br>SUITE 100<br>ODESSA FL 33556<br>USA |        | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE 83705 |         |  |  |
|  |                  |  |        |   |         | 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  | ROBERT W SCHABES | 1115 GUNN HWY SUITE 100  | ODESSA | FL  | USA     | 33556                                      |  |
| 5. Organized Under the Laws of:<br><br><b>FL</b><br><b>C 190151</b>  |                  | 6. Annual Report must be signed.*<br><br>Signature: MARY VALDEZ<br>Name (type or print): MARY VALDEZ<br><br>Date: 12/16/2014<br>Title: VICE PRESIDENT                          |        |   |         |  |  |
| Processed 12/16/2014      * Electronically provided signatures are accepted as original signatures.  |                  |  |        |   |         |  |  |