

|  |                  |   |           |  |         |             |  |
|--|------------------|---|-----------|--|---------|-------------|--|
| No. <b>C 198164</b>  |                  | Due no later than Apr 30, 2017<br><b>Annual Report Form</b>   |           | 2. Registered Agent and Address <b>(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>1. Mailing Address: Correct in this box if needed.</b><br>TOCO WARRANTY CORP.<br>KAYLIN MCCOY<br>800 SUPERIOR AVE E<br>21ST FL<br>CLEVELAND OH 44114 |           | CORPORATION SERVICE COMPANY<br>12550 W. EXPLORER DR<br>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 |  |
| VICE PRESIDENT   | BARRY MOSES      | 800 SUPERIOR AVE E, 21ST FLOOR  | CLEVELAND | OH   | USA     | 44114       |  |
| DIRECTOR   | STUART HOLLANDER | 59 MAIDEN LANE, 43RD FL   | NEW YORK  | NY   | USA     | 10038       |  |
| PRESIDENT  | NORMAN ROSENBERG | 59 MAIDEN LANE  | NEW YORK  | NY   | USA     | 10038       |  |
| DIRECTOR   | SUSAN LINDER     | 2200 HIGHWAY 121 SUITE 100  | BEDFORD   | TX   | USA     | 76021       |  |
| SECRETARY  | SUSAN LINDER     | 2200 HIGHWAY 121 SUITE 100  | BEDFORD   | TX   | USA     | 76021       |  |
| TREASURER  | STEVE KNAPP      | 800 SUPERIOR AVE 21ST FL  | CLEVELAND | OH   | USA     | 44114       |  |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>C 198164</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Susan Linder<br>Name (type or print): Susan Linder<br>Date: 03/31/2017<br>Title: Secretary              |           |  |         |             |  |
| Processed 03/31/2017   |                  | * Electronically provided signatures are accepted as original signatures.   |           |  |         |             |  |