

No. <b>W 110602</b>		<b>Due no later than Jan 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> MASSACHUSETTS BENEFIT ADMINISTRATORS LLC AMANDA HIGHTOWER LANDMARK CENTER 401 PARK DR BOSTON MA 02215		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	TIMOTHY O'BRIEN	401 PARK DRIVE	BOSTON	MA	USA	02215	
MANAGER	ALAN ROSENBERG	401 PARK DRIVE	BOSTON	MA	USA	02215	
MANAGER	ALLEN MALTZ	40 PARK DRIVE	BOSTON	MA	USA	02215	
5. Organized Under the Laws of:  <b>MA W 110602</b>		6. Annual Report must be signed.* Signature: Allen Maltz Name (type or print): Allen Maltz					
		Date: 01/07/2015 Title: Manager					
Processed 01/07/2015		* Electronically provided signatures are accepted as original signatures.					