

No. <b>C 143727</b>		Due no later than May 31, 2016 <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> CMI, A YORK RISK SERVICES COMPANY, INC. MICHAEL KRAWITZ ONE UPPER POND ROAD BLDG F 4TH FLR PARSIPPANY NJ 07054		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 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	SCOTT W GAFFNER	645 W. GRAND RIVER AVE. SUITE 100	HOWELL	MI	USA	48843
DIRECTOR	RICHARD H TAKETA	ONE UPPER POND ROAD BLDG F 4TH FLR	PARSIPPANY	NJ	USA	07054
SECRETARY	MICHAEL KRAWITZ	ONE UPPER POND ROAD BLDG F 4TH FLR	PARSIPPANY	NJ	USA	07054
5. Organized Under the Laws of:  <b>DE C 143727</b>		6. Annual Report must be signed.* Signature: MICHAEL KRAWITZ Name (type or print): MICHAEL KRAWITZ Date: 04/14/2016 Title: SECRETARY				
Processed 04/14/2016		* Electronically provided signatures are accepted as original signatures.				