No. C 153032		Due no later than Feb 28, 2018 Annual Report Form		2. Registered Age	Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CITICORP SECURITIES SERVICES, INC. TAX AND REPORTING PO BOX 30509		BOISE ID 83	921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		TAMPA FL 3363	0	3. <u>New</u> Registere	d Agent S	ignature:**		
4. Corporations: Enter	Names and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	WILLIAM WA	ADE	390 GREENWICH STREET	NEW YORK	NY	USA	10013	
DIRECTOR	JOSHUA KUF	REK	390 GREENWICH STREET	NEW YORK	NY	USA	10013	
PRESIDENT	JOSHUA KUREK		390 GREENWICH STREET	NEW YORK	NY	USA	10013	
DIRECTOR	THOMAS JOSEPH CONTI		390 GREENWICH STREET	NEW YORK	NY	USA	10013	
TREASURER	GONZALO MARTIN		1 COURT SQUARE	LONG ISLAND CITY	NY	USA	11101	
SECRETARY	OMER OZTAN		390 GREENWICH STREET	NEW YORK	NY	USA	10013	
5. Organized Under the	e Laws of:	6. Annual Report mu	st he signed *					
		Signature: JULIE SCHMIDT		Dato: 01/30/20	Date: 01/30/2018			
DE C 153033								
C 153032		Name (type or print): JULIE SCHMIDT Title: ASSISTANT TAX OFFICER						
Processed 01/30/2018		 Electronically provide 	ded signatures are accepted as origina	l signatures.				