

No. C 196972		Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. COMMERCIAL DEPOSIT INSURANCE AGENCY, INC. REGULATORY COMPLIANCE PO BOX 469011 SAN ANTONIO TX 78246		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G 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
DIRECTOR	MARC KRAMER	311 CAVERSHAM RD	BRYN MAWR	PA	USA	19010
DIRECTOR	CHARLES R PETERSON	311 CAVERSHAM RD	BRYN MAWR	PA	USA	19010
DIRECTOR	GEORGE LUECKE	610 BROADWAY 4TH FL	NEW YORK	NY	USA	10012
DIRECTOR	HILBERT II V SCHENCK	250 SUMMER ST	BOSTON	MA	USA	02210
PRESIDENT	MARC KRAMER	311 CAVERSHAM RD	BRYN MAWR	PA	USA	19010
SECRETARY	CRAIG S COMEAUX	175 E. HOUSTON ST STE 1300	SAN ANTONIO	TX	USA	78205
5. Organized Under the Laws of: DE C 196972		6. Annual Report must be signed.* Signature: Michele Henslee Name (type or print): Michele Henslee Date: 01/02/2015 Title: Authorized Employee				
Processed 01/02/2015		* Electronically provided signatures are accepted as original signatures.				