| No. W 114164 | | Due no later than May 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|---|---|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. BMI BENEFITS, L.L.C. TOM POETZ 76 MAIN ST MATAWAN NJ 07747 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 200 | nies: Enter Nar | nes and Addresses of at | least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | EDWARD O'MALLEY | | 1250 CAPITAL OF TEXAS HWY S BUILDING 2 | AUSTIN | TX | USA | 78746 |
| MANAGER | MALIKA S. HINKSON | | 340 MADISON AVENUE 20TH FLOOR | NEW YORK | NY | USA | 10173 |
| MANAGER | BRETT SCH | NEIDER | 340 MADISON AVENUE 20TH FLOOR | NEW YORK | NY | USA | 10173 |
| 5. Organized Under the Laws of: | | 6. Annual Report must l | | | | | |
| ND | | Signature: Robert G. | Date: 04/15/2014 | | | | |
| W 114164 | | Name (type or print): | Title: President | | | | |
| Processed 04/15/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | |