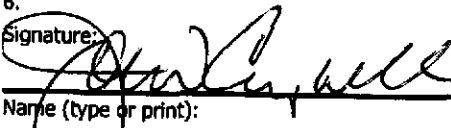
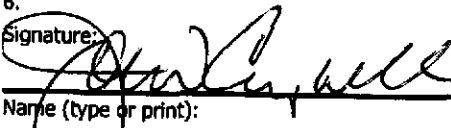
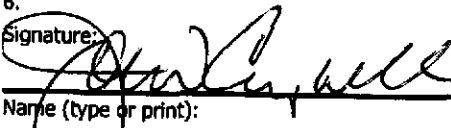


No. <b>W 151542</b>	<b>Due no later than May 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. Mailing Address: Correct in this box if needed. ANDERSON MERCHANDISERS, LLC 5601 GRANITE PARKWAY 14TH FL PLANO TX 75024		3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Anderson Management Services Inc.</td> <td>265 Brookview Town Centre Way Suite 501</td> <td>Knoxville</td> <td>TN</td> <td>USA</td> <td>37919</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Anderson Management Services Inc.	265 Brookview Town Centre Way Suite 501	Knoxville	TN	USA	37919	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Anderson Management Services Inc.	265 Brookview Town Centre Way Suite 501	Knoxville	TN	USA	37919																																	
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																							
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																							
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																							
5. Organized Under the Laws of:  <b>DELAWARE</b> <b>W 151542</b>		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 5/14/18</td> </tr> <tr> <td>Name (type or print): John Campbell</td> <td>Title: CFO</td> </tr> </table>			Signature: 	Date: 5/14/18	Name (type or print): John Campbell	Title: CFO																															
Signature: 	Date: 5/14/18																																						
Name (type or print): John Campbell	Title: CFO																																						

Issued 05/11/2018 by online

109355