No. W 90396		Due no later than Feb 28, 2011	2. Registered Agent and Address (NO PO BOX) NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TZ INSURANCE SOUTIONS LLC 2200 FLETCHER AVE 4TH FLOOR FORT LEE NJ 07024				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Com	ıpanies: Enter Naı	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER DAVID GRAF		2200 FLETCHER AVENUE 4TH AVE	FORT LEE	NJ	USA	07024
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
DE W 90396		Signature: Larry Lundgren	Date: 03/15/2011			
		Name (type or print): Larry Lundgren	Title: Vp			
Processed 03/15/2011 * Electronically provided signatures are accepted as original signatures.						