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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------|---------------------|
| No. <b>W 98297</b>                                                                                                                                     |             | Due no later than Dec 31, 2015                                                                                                                                                                                     |              | 2. Registered Agent and Address <b>(NO PO BOX)</b>                         |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CORPORATE SYNERGIES GROUP, LLC<br>CHRISTOPHER SZYCHULSKI<br>5000 DEARBORN CIRCLE,SUITE 100<br>MT LAUREL NJ 08054 |              | NATIONAL REGISTERED AGENTS INC<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |                     |
|                                                                                                                                                        |             |                                                                                                                                                                                                                    |              | 3. <u>New</u> Registered Agent Signature:*                                 |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |             |                                                                                                                                                                                                                    |              |                                                                            |                     |
| Office Held                                                                                                                                            | Name        | Street or PO Address                                                                                                                                                                                               | City         | State                                                                      | Country Postal Code |
| MANAGER                                                                                                                                                | JOHN TURNER | 5000 DEARBORN CIRCLE,SUITE 100                                                                                                                                                                                     | MOUNT LAUREL | NJ                                                                         | USA 08054           |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>W 98297</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Christopher Szychulski<br>Name (type or print): Christopher Szychulski<br>Date: 12/15/2015<br>Title: Manager - Corp Licensing                                      |              |                                                                            |                     |
| Processed 12/15/2015                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                                                          |              |                                                                            |                     |