

No. <b>W 85351</b>		<b>Due no later than Jul 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  COMMONWEALTH FIDELITY INSURANCE SERVICES, LLC MADELINE LOVEJOY 2510 N. REDHILL AVE. SANTA ANA CA 92705		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name PC AGENT GROUP, INC.	Street or PO Address 601 RIVERSIDE AVE.		City JACKSONVILLE	State FL	Country USA	Postal Code 32204
5. Organized Under the Laws of:  <b>DE</b> <b>W 85351</b>		6. Annual Report must be signed.*  Signature: Madeline Lovejoy Name (type or print): Madeline Lovejoy  Date: 07/01/2014 Title: Avp / As					
Processed 07/01/2014 * Electronically provided signatures are accepted as original signatures.							