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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 102827</b>                                                                                                                                    |              | <b>Due no later than Apr 30, 2012</b>                                                                                                                                             |         | 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>1. Mailing Address: Correct in this box if needed.</b><br><br>FIRST FINANCIAL INVESTMENT FUND VI, LLC<br>ROBERT CHALAVOUTIS<br>230 PEACHTREE ST SUITE 1700<br>ATLANTA GA 30303 |         | CT CORPORATION SYSTEM<br>1111 W JEFFERSON STE 530<br>BOISE ID 83702<br>USA |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                                                   |         | 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                                                                                                                                                | MARY MALONEY | 230 PEACHTREE ST, SUITE 1700                                                                                                                                                      | ATLANTA | GA                                                                         | USA     | 30303            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                                 |         |                                                                            |         |                  |  |
| <b>DE<br/>W 102827</b>                                                                                                                                 |              | Signature: Robert Chalavoutis                                                                                                                                                     |         |                                                                            |         | Date: 05/29/2012 |  |
|                                                                                                                                                        |              | Name (type or print): Robert Chalavoutis                                                                                                                                          |         |                                                                            |         | Title: Treasurer |  |
| Processed 05/29/2012                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                         |         |                                                                            |         |                  |  |