

|                                                                                                                                                        |                    |                                                                                                                                                     |           |                                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 184156</b>                                                                                                                                    |                    | <b>Due no later than Aug 31, 2016</b>                                                                                                               |           | <b>2. Registered Agent and Address (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>NATIONAL SERVICE SOURCE, INC.<br>ANN J CONN<br>9145 ELLIS RD<br>MELBOURNE FL 32904 |           | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                     |           | 3. <u>New</u> Registered Agent Signature:*                                   |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                    |                                                                                                                                                     |           |                                                                              |         |             |  |
| Office Held                                                                                                                                            | Name               | Street or PO Address                                                                                                                                | City      | State                                                                        | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | DAVID S CHRISTIANO | 9145 ELLIS RD                                                                                                                                       | MELBOURNE | FL                                                                           | USA     | 32904       |  |
| SECRETARY                                                                                                                                              | MICHELE M TULLY    | 9145 ELLIS RD                                                                                                                                       | MELBOURNE | FL                                                                           | USA     | 32904       |  |
| 5. Organized Under the Laws of:<br><br><b>FL<br/>C 184156</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Ann J. Conn<br>Name (type or print): Ann J. Conn<br>Date: 08/11/2016<br>Title: Controller           |           |                                                                              |         |             |  |
| Processed 08/11/2016                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                           |           |                                                                              |         |             |  |