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| No. C 173297 | | Due no later than May 31, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 | | | |
| | | 1. Mailing Address: Correct in this box if needed. WELLS FARGO INSURANCE SERVICES OF NEW YORK, INC. LOIS BOLOGRA 330 MADISON AVE 7TH FLOOR NEW YORK NY 10017 USA | | 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 | |
| DIRECTOR | ROBERT GRECO | 150 N MICHIGAN AVENUE SUITE 4100 | CHICAGO | IL | USA | 60601 | |
| TREASURER | CHRISTINE OSTERMEIER | 150 N MICHIGAN AVENUE SUITE 4100 | CHICAGO | IL | USA | 60601 | |
| PRESIDENT | KEVIN KENNY | 7 GIRALDA FARMS 2ND FLOOR | NEW YORK | NY | USA | 10017 | |
| SECRETARY | ROBERT M GRECO | 150 N MICHIGAN AVE SIOTE 1400 | CHICAGO | IL | USA | 60601 | |
| 5. Organized Under the Laws of: NY C 173297 | | 6. Annual Report must be signed.* Signature: Robert Greco Name (type or print): Robert Greco | | Date: 04/27/2009 Title: Secretary | | | |
| Processed 04/27/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |