

No. <b>W 81818</b>		<b>Due no later than Feb 28, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705			
		<b>1. Mailing Address: Correct in this box if needed.</b> MANAGEMENT COMPENSATION GROUP/SOUTHEAST, LLC (THE) DARLENE HRANKAJ C/O NFP, 500 W. MADISON STREET SUITE 2400 CHICAGO IL 60661		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	BRETT SCHNEIDER	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173	
MANAGER	EVAN A. MICHAEL	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173	
MANAGER	EDWARD O'MALLEY	1250 CAPITAL OF TEXAS HWY S BLDG. 2	AUSTIN	TX	USA	78746	
5. Organized Under the Laws of:  <b>GA W 81818</b>		6. Annual Report must be signed.* Signature: Brett Schneider Name (type or print): Brett Schneider Date: 01/29/2015 Title: Manager					
Processed 01/29/2015		* Electronically provided signatures are accepted as original signatures.					