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| No. W 72292 | | Due no later than Mar 31, 2010 | | 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 1. Mailing Address: Correct in this box if needed. MOORE MEDICAL LLC KAREB PINEDA ONE POST ST 35TH FL SAN FRANCISCO CA 94104 | | PRENTICE-HALL CORPORATION SYST 1401 SHORELINE DR STE 2 BOISE ID 83702 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 |
| MEMBER | MELISSA WU | ONE POST ST 35TH FL | SAN FRANCISCO | CA | USA 94104 |
| MEMBER | ANNE SHUFFORD | ONE POST STREET | SAN FRANCISCO | CA | USA 94104 |
| MEMBER | J.RICHARD FREY | 1690 NEW BRITAIN AVE. | FARMINGTON | CT | USA 60632 |
| MEMBER | NICHOLAS A LOIACONO | ONE POST STREET | SAN FRANCISCO | CA | USA 94104 |
| MEMBER | WILLIE C BOGAN | ONE POST STREET | SAN FRANCISCO | CA | USA 94104 |
| MEMBER | KAREN PINEDA | ONE POST STREET | SAN FRANCISCO | CA | USA 94104 |
| 5. Organized Under the Laws of: DE W 72292 | | 6. Annual Report must be signed.* Signature: Karen Pineda Name (type or print): Karen Pineda Date: 05/24/2010 Title: Assistant Secretary | | | |
| Processed 05/24/2010 | | * Electronically provided signatures are accepted as original signatures. | | | |