| No. <b>W 121560</b>  | Due no later than Feb 28, 2018  | 2. Registered Agent and Address (NO PO BOX) |       |         |             |
|--|---|---|-------|---------|-------------|
| Return to:   | Annual Report Form  | REGISTERED AGENT SOLUTIONS INC              |       |         |             |
| SECRETARY OF STATE   | 1. Mailing Address: Correct in this box if needed.                        | 921 S ORCHARD ST STE G<br>BOISE ID 83705    |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                   | ATRIUM PAYROLL SERVICES LLC KERI A CONOWAY 625 LIBERTY AVE                | 3. New Registered Agent Signature:*         |       |         |             |
|  | SUITE 200   |   |       |         |             |
| NO FILING FEE IF   | PITTSBURGH PA 15222   |   |       |         |             |
| RECEIVED BY DUE DATE   |   |   |       |         |             |
| 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 REBECCA C   | ENNI 108 READE ST #5W   | <b>NEW YORK</b>                             | NY    | USA     | 10013       |
|  |   |   |       |         |             |
| 5. Organized Under the Laws of:  | 6. Annual Report must be signed.*   |   |       |         |             |
| NY   | Signature: Kevin Miller   | Date: 03/07/2018                            |       |         |             |
| W 121560   | Name (type or print): Kevin Miller  | Title: Accounting Supervisor                |       |         |             |
| Processed 03/07/2018   | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |