No. W 81818		Due no later than Feb 28, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CT CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MANAGEMENT COMPENSATION GROUP/SOUTHEAST, LLC (THE) DARLENE HRANKAJ		1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
NO FILING FEE IF RECEIVED BY DUE DATE		C/O NFP, 500 W. MADISON STREET SUITE 2400 CHICAGO IL 60661		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Con	npanies: Enter Na	mes and Addresses of	at least one Member or Manager.				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	BRETT SCH	NEIDER	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173
MANAGER	MATTHEW I	P. ANDERSON	1250 CAPITAL OF TEXAS HWY S BUILDING 2	AUSTIN	TX	USA	78746
MANAGER	MALIKA S.	HINKSON	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
GA W 81818		Signature: Lori M. Lieser		Date: 02/15/2011			
		Name (type or print): Lori M. Lieser		Title: Vice President			
Processed 02/15/2011		* Electronically provide	ed signatures are accepted as original sign	natures.			