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| No. C 191122 | | Due no later than May 31, 2013 Annual Report Form | | 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 | | 1. Mailing Address: Correct in this box if needed. CBIZ BENEFITS & INSURANCE SERVICES, INC. MARTHA LANGE 6050 OAK TREE BLVD STE 500 CLEVELAND OH 44131 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 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 | JEROME P GRISKO, JR. | 6050 OAK TREE BLVD., SUITE 500 | CLEVELAND | OH | USA | 44131 | |
| PRESIDENT | ROBERT A OBRYNE | 11440 TOMAHAWK CREEK PKWY | LEAWOOD | KS | USA | 66211 | |
| SECRETARY | MICHAEL W GLEESPIN | 6050 OAK TREE BLVD STE 500 | CLEVELAND | OH | USA | 44131 | |
| 5. Organized Under the Laws of: MO C 191122 | | 6. Annual Report must be signed.* Signature: Michael W. Gleespen Name (type or print): Michael W. Gleespen | | | | | |
| | | Date: 04/16/2013 Title: Secretary | | | | | |
| Processed 04/16/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | |