| No. <b>C 209427</b>                                                                                            |                     |                | Due no later than Apr 30, 2018                                             |            | 2. Registered Agent and Address (NO PO BOX) |                                               |         |                |  |
|----------------------------------------------------------------------------------------------------------------|---------------------|----------------|----------------------------------------------------------------------------|------------|---------------------------------------------|-----------------------------------------------|---------|----------------|--|
| Return to:                                                                                                     |                     |                | Annual Report Form                                                         |            | CORPORATION SERVICE COMPANY                 |                                               |         |                |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                     | 1. Mai         | 1. Mailing Address: Correct in this box if needed.                         |            |                                             | 12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |         |                |  |
|                                                                                                                |                     | EILEEN         | J.P. WEST INC.<br>EILEEN FRANK<br>44 WALL ST 12TH FLR<br>NEW YORK NY 10005 |            | DOISE ID 63/13                              |                                               |         |                |  |
|                                                                                                                |                     | NEW YO         |                                                                            |            | 3. New Registered Agent Signature:*         |                                               |         |                |  |
|                                                                                                                |                     |                |                                                                            |            |                                             |                                               |         |                |  |
| 4. Corporations: Enter N                                                                                       | lames and Bu        | siness Address | ses of President, Secretary, and Directors. Tro                            | easurer (  | optional).                                  |                                               |         |                |  |
| Office Held                                                                                                    | Name                |                | Street or PO Address                                                       |            | City                                        | State                                         | Country | Postal Code    |  |
| PRESIDENT<br>SECRETARY                                                                                         | EILEEN F<br>DEBRA M |                | 44 WALL ST 12TH FLR<br>44 WALL STREET 12TH FLOOP                           | R          | NEW YORK<br>NEW YORK                        | NY<br>NY                                      | USA     | 10005<br>10005 |  |
| 5. Organized Under the                                                                                         | Laws of:            | 6. Annual      | Report must be signed.*                                                    |            |                                             |                                               |         |                |  |
| NY<br>C 209427                                                                                                 |                     | Signatu        | Signature: Debra Maffei                                                    |            | Date: 03/15/2018                            |                                               |         |                |  |
|                                                                                                                |                     | Name (         | Name (type or print): Debra Maffei                                         |            |                                             | Title: Corp Secretary                         |         |                |  |
| Processed 03/15/2018                                                                                           |                     | * Electroni    | cally provided signatures are accepted as orig                             | ginal sign | atures.                                     |                                               |         |                |  |