

No. W 80675	Due no later than Jan 31, 2017 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. AXIS INSURANCE SERVICES, LLC MIKE W SMITH 795 FRANKLIN AVENUE #206 FRANKLIN LAKES NJ 07436		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705			
			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
MANAGER	MIKE W SMITH	159 BUTTERNUT DRIVE	WAYNE	NJ	USA	07470-4953
MEMBER	JAVIER GONZALEZ	106 SUTTON RD	EASTON	PA	USA	18045
5. Organized Under the Laws of: DE W 80675		6. Annual Report must be signed.* Signature: Michael J. Brady Name (type or print): Michael J. Brady Date: 01/24/2017 Title: Controller				
Processed 01/24/2017		* Electronically provided signatures are accepted as original signatures.				