No. W 42029		Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		10.00 CO.00	C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ING INSTITUTIONAL PLAN SERVICES, LLC TINA NELSON 20 WASHINGTON AVENUE SOUTH MINNEAPOLIS MN 55401		921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*				
NO FILING RECEIVED BY								
Limited Liability Cor	mpanies: 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	DAVID S. PENDERGRASS		5780 POWERS FERRY ROAD NW	ATLANTA	GA	USA	30327	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 42029		Signature: Tina Nelson		Date: 07/28/2014				
		Name (type or print): Tina Nelson		Title: Assistant Secretary				
Processed 07/28/2014	4	* Electronically pro	vided signatures are accepted as original si	gnatures.				