No. W 18544	Annual Report Form 1. Mailing Address - Correct in this box, if applicable: SYSTEM OF THE MELISSA WU ONE POST ST , 33rd Floor Annual Report Form PRI SYSTEM SYSTE			gistered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			PRENTICE HALL CORPORATION SYSTEM INC 1401 SHORELINE DR SUITE 2 BOISE, ID 83702 3. New Registered Agent Signature		
NO FILING FEE IF					
4. Limited Liability Compani	ies: Enter Names and Addresses of N	vlanagers.	<u></u>		
Office held Name	Street or P.O. Address ke One Post Street	San Fra	•	State CA	<u>Zip</u> 94104
Manager Willie C. B	ogan One Post Street	San Fra	ncisco	CA	94104
Manager Nicholas A.	Loiacono One Post Street	San Fra	ncisco	CA .	94104
5. Organized Under the Laws of:	6. Melu	DX //	/a	Date <u>Janu</u>	uary/9 2007
DELAWARE W 18544	Name (Typed or Melissa W	vu			. Secretary
Issued 01/02/2007 Do Not Tape or Staple			<u> </u>	200703006979	