

|  |  |  |   |                                    |         |             |
|--|--|--|---|------------------------------------|---------|-------------|
| No. <b>W 107401</b>  | <b>Due no later than Oct 31, 2013</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address <b>(NO PO BOX)</b>                        |                                    |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>CUW SOLUTIONS, LLC<br>ARLENE A YAFFE<br>100 MATSONFORD ROAD 3RD FLOOR<br>TWO RADNOR CORPORATE CENTER<br>RADNOR PA 19087 |  | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705<br>USA |                                    |         |             |
|  |  |  | 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  | LAWRENCE E MCALEE  | 201 KING OF PRUSSIA ROAD SUITE 501RADNOR   |   | PA                                 | USA     | 19087       |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>W 107401</b>  |  | 6. Annual Report must be signed.*<br>Signature: Lawrence E. McAlee<br>Name (type or print): Lawrence E. McAlee |   | Date: 08/13/2013<br>Title: Manager |         |             |
| Processed 08/13/2013   |  | * Electronically provided signatures are accepted as original signatures.                                      |   |                                    |         |             |