| No. <b>W 77064</b>   |          | Du   | 2. Registered Ag        | 2. Registered Agent and Address (NO PO BOX)              |       |         |             |                                    |
|--|----------|--|-------------------------|--|-------|---------|-------------|------------------------------------|
| Return to:   |          |  | REGISTERED              | REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G    |       |         |             |                                    |
| 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.  WARRANTY SUPPORT SERVICES LLC  DANIELLE THOMAS  6010 ATLANTIC BOULEVARD  NORCROSS GA 30071 |                         |  |       |         |             | 10 V 2000 2000 20 V 2000 20 V 2000 |
|  |          |  |                         | BOISE ID 83705-3007  3. New Registered Agent Signature:* |       |         |             |                                    |
|  |          |  |                         |  |       |         |             | 4. Limited Liability Companies:    |
| Office Held Nan  | ne       |  | Street or PO Address    | City   | State | Country | Postal Code |                                    |
| MANAGER JONATHAN C   |          | COUCH  | 6010 ATLANTIC BOULEVARD | NORCROSS   | GA    | USA     | 30071       |                                    |
|  |          |  | 6010 ATLANTIC BOULEVARD | NORCROSS   | GA    | USA     | 30071       |                                    |
| MANAGER JOH  | IN F. MA | RKS  | 6010 ATLANTIC BOULEVARD | NORCROSS   | GA    | USA     | 30071       |                                    |
| 5. Organized Under the Laws of:  |          | 6. Annual Report must be signed.*  |                         |  |       |         |             |                                    |
| DE<br>W 77064  |          | Signature: JO  | Date: 07/18/2016        |  |       |         |             |                                    |
|  |          | Name (type o   | Title: MANAGER          |  |       |         |             |                                    |
| Processed 07/18/2016   |          | * Electronically provided signatures are accepted as original signatures.  |                         |  |       |         |             |                                    |