

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000002789

Entity Name: MCMC LLC

FILED  
Oct 11, 2007  
Secretary of State

**Current Principal Place of Business:**

88 BLACK FALCON AVE., SUITE 353  
BOSTON, MA 02210

**New Principal Place of Business:**

**Current Mailing Address:**

88 BLACK FALCON AVE., SUITE 353  
BOSTON, MA 02210

**New Mailing Address:**

FEI Number: 14-1847542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GILBERT SMITH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: HAWKE, JOSEPH  
Address: 201 KING OF PRUSSIA ROAD  
City-St-Zip: RADNOR, PA 19087

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: REISLEY, ROBERT  
Address: 2501 PANAMA STREET  
City-St-Zip: PHILADELPHIA, PA 19103

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: BROWN, ROBERT  
Address: 201 KING OF PRUSSIA ROAD  
City-St-Zip: RADNOR, PA 19087

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: PEGG, DAVID  
Address: 201 KING OF PRUSSIA ROAD  
City-St-Zip: RADNOR, PA 19087

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: MONACO, GRACE ANN  
Address: 874 MONUMENT DRIVE  
City-St-Zip: MONTROSS, VA 22520

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: GOLDSCHMIDT, PETER  
Address: 5800 MADAKET ROAD  
City-St-Zip: BETHESDA, MD 20816

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GRACE ANN MONACO

MS.

10/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date