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.

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.

OFFICERS AND DIRECTORS:

Title: CFA
Name: BYRD, GARBIE LD MR.
Address: 149 NEW MONTGOMERY STREET, 3RD FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105 US

Title: C
Name: CHEN, TING MR.
Address: 149 NEW MONTGOMERY STREET, 3RD FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105 US

Title: T
Name: WEST, STU MR.
Address: 149 NEW MONTGOMERY STREET, 3RD FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105 US

Title: ED
Name: GARDNER, SUE MS.
Address: 149 NEW MONTGOMERY STREET, 3RD FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105 US

Title: DD
Name: MOELLER, ERIK MR.
Address: 149 NEW MONTGOMERY STREET, 3RD FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105 US

Title: GC
Name: EBRIGHT, GEOFF MR.
Address: 149 NEW MONTGOMERY STREET, 3RD FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARFIELD BYRD CFA 03/12/2012