CURRENT PRINCIPAL PLACE OF BUSINESS:
1 MONTGOMERY STREET
SUITE 1600
SAN FRANCISCO, CA 94104

CURRENT MAILING ADDRESS:
1 MONTGOMERY STREET
SUITE 1600
SAN FRANCISCO, CA 94104 US

FEI NUMBER: 20-0049703
CERTIFICATE OF STATUS DESIRED: No

NAME AND ADDRESS OF CURRENT REGISTERED AGENT:
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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:
Electronic Signature of Registered Agent

OFFICER/DIRECTOR DETAIL:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFO &amp; TREASURER</td>
<td>VILLAGOMEZ, JAIME</td>
<td>1 MONTGOMERY STREET SUITE 1600</td>
<td>SAN FRANCISCO, CA 94104</td>
</tr>
<tr>
<td>BOARD OF TRUSTEES CHAIR</td>
<td>HENNER, CHRISTOPHE</td>
<td>1 MONTGOMERY STREET SUITE 1600</td>
<td>SAN FRANCISCO, CA 94104</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td>MAHER, KATHERINE</td>
<td>1 MONTGOMERY STREET SUITE 1600</td>
<td>SAN FRANCISCO, CA 94104</td>
</tr>
<tr>
<td>GENERAL COUNSEL, SECRETARY</td>
<td>HERSHENOV, EILEEN</td>
<td>1 MONTGOMERY STREET SUITE 1600</td>
<td>SAN FRANCISCO, CA 94104</td>
</tr>
</tbody>
</table>

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: KATHERINE MAHER
EXECUTIVE DIRECTOR
02/11/2019