CURRENT PRINCIPAL PLACE OF BUSINESS:
149 NEW MONTGOMERY STREET
6TH FLOOR
SAN FRANCISCO, CA 94105

CURRENT MAILING ADDRESS:
149 NEW MONTGOMERY STREET
6TH FLOOR
SAN FRANCISCO, CA 94105 US

FEI NUMBER: 20-0049703
CERTIFICATE OF STATUS DESIRED: Yes

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
Date

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>CFA &amp; TREASURER</td>
<td>BYRD, GARFIELD</td>
<td>149 NEW MONTGOMERY STREET</td>
<td>SAN FRANCISCO CA 94105</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td>TRETIKOV, LILA</td>
<td>149 NEW MONTGOMERY STREET</td>
<td>SAN FRANCISCO CA 94105</td>
</tr>
<tr>
<td>GENERAL COUNSEL &amp; SECRETARY</td>
<td>BRIGHAM, GEOFF</td>
<td>149 NEW MONTGOMERY STREET</td>
<td>SAN FRANCISCO CA 94105</td>
</tr>
<tr>
<td>BOARD OF TRUSTEES CHAIR</td>
<td>DE VREEDE, JAN-BART</td>
<td>149 NEW MONTGOMERY STREET</td>
<td>SAN FRANCISCO CA 94105</td>
</tr>
<tr>
<td>DEPUTY DIRECTOR</td>
<td>MOELLER, ERIK</td>
<td>149 NEW MONTGOMERY STREET</td>
<td>SAN FRANCISCO CA 94105</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: GARFIELD BYRD
Electronic Signature of Signing Officer/Director Detail
Date 04/06/2015