**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>GARDNER, SUE</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
CFA & TREASURER
04/03/2014