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:

Title CFA & TREASURER
Name BYRD, GARFIELD
Address 149 NEW MONTGOMERY STREET
         6TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title BOARD OF TRUSTEES CHAIR
Name DE VREEDE, JAN-BART
Address 149 NEW MONTGOMERY STREET
         6TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title EXECUTIVE DIRECTOR
Name GARDNER, SUE
Address 149 NEW MONTGOMERY STREET
         6TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title DEPUTY DIRECTOR
Name MOELLER, ERIK
Address 149 NEW MONTGOMERY STREET
         6TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title GENERAL COUNSEL & SECRETARY
Name BRIGHAM, GEOFF
Address 149 NEW MONTGOMERY STREET
         6TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

SIGNATURE: GARFIELD BYRD
CFA & TREASURER

04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date

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.