| DOCUMENT | F# N9600003608 | | | Mar 04, 2022 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Entity Name: STATE BOARD OF ADMINISTRATION FINANCE CORPOR | | | RATION | Secretary of State |
| | GE BLVD. SUITE 100 , FL 32308 | | | 9288199026CC |
| Current Mai | ling Address: | | | |
| 1801 HERMITAGE BLVD. SUITE 100 TALLAHASSEE, FL 32308 US | | | | |
| FEI Number: 59-3427843 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| HAZEN, MAUREEN M GENERAL COUNSEL,STATE BOARD OF ADMINISTRATION OF FLORIDA 1801 HERMITAGE BLVD.,SUITE 100 TALLAHASSEE, FL 32308 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. | | | | |
| The above named | l entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, i | n the State of Florida. |
| | entity submits this statement for the purpose of changing its regis MAUREEN M. HAZEN | tered office or regis | tered agent, or both, i | n the State of Florida. 03/04/2022 |
| | | tered office or regis | tered agent, or both, i | |
| | Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, i | 03/04/2022 |
| SIGNATURE | Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, i | 03/04/2022 |
| SIGNATURE | MAUREEN M. HAZEN Electronic Signature of Registered Agent ctor Detail : | | | 03/04/2022 Date |
| SIGNATURE Officer/Direc Title | MAUREEN M. HAZEN Electronic Signature of Registered Agent Ctor Detail : DC | Title | D | 03/04/2022 Date |
| SIGNATURE Officer/Dire Title Name | MAUREEN M. HAZEN Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON | Title Name | D MOODY, ASHLE | 03/04/2022 Date Y OL |
| SIGNATURE Officer/Direc Title Name Address | Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL | Title Name Address | D MOODY, ASHLE PL01 THE CAPTI | 03/04/2022 Date Y OL |
| SIGNATURE Officer/Direc Title Name Address City-State-Zip: | Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001 | Title Name Address City-State-Zip: | D MOODY, ASHLE PL01 THE CAPTI TALLAHASSEE | 03/04/2022 Date Y OL |
| SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title | Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001 TD | Title Name Address City-State-Zip: Title | D MOODY, ASHLE PL01 THE CAPTI TALLAHASSEE D WATKINS, BEN | 03/04/2022 Date Y OL |
| SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name | Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001 TD PATRONIS, JIMMY | Title Name Address City-State-Zip: Title Name | D MOODY, ASHLE PL01 THE CAPTI TALLAHASSEE D WATKINS, BEN | 03/04/2022 Date Y OL FL 32399-1050 E BLVD, 2ND FLOOR |
| SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address | Electronic Signature of Registered Agent Electronic Signature of Registered Agent DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001 TD PATRONIS, JIMMY PL01, THE CAPTIOL | Title Name Address City-State-Zip: Title Name Address | D MOODY, ASHLE PL01 THE CAPTI TALLAHASSEE D WATKINS, BEN 1801 HERMITAG | 03/04/2022 Date Y OL FL 32399-1050 E BLVD, 2ND FLOOR |

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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.

Address

City-State-Zip:

03/04/2022 SIGNATURE: GINA WILSON PRESIDENT

Electronic Signature of Signing Officer/Director Detail

1801 HERMITAGE BLVD., FIRST

STATE BOARD OF ADMINISTRATION

1801 HERMITAGE BLVD. SUITE 100

TALLAHASSEE FL 32308

FLOOR

OF FL

City-State-Zip: TALLAHASSEE FL 32308

TREASURER

MEYER, JOEL

Title

Name

Address

Address

City-State-Zip:

Date

1801 HERMITAGE BLVD., FIRST

TALLAHASSEE FL 32308

FLOOR

FILED Mar 04. 2022