

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000007290

Entity Name: JMF EAT EXCHANGE 2016 LLC

Current Principal Place of Business:

1099 HINGHAM STREET SUITE 110
ROCKLAND, MA 02370

Current Mailing Address:

1099 HINGHAM STREET SUITE 110
ROCKLAND, MA 02370 US

FEI Number: 81-3822106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Authorized Person(s) Detail :

Title MBR
Name VERITA EXCHANGE CORP
Address 50 WEST SAN FERNANDO STREET
SUITE 300
City-State-Zip: SAN JOSE CA 95113

Title PRESIDENT
Name ALTON, KELLY E
Address 50 W SAN FERNANDO ST
STE 300
City-State-Zip: SAN JOSE CA 95113

Title SENIOR VICE PRESIDENT
Name SHUSTER, DAWN L
Address 1099 HINGHAM STREET
STE 110
City-State-Zip: ROCKLAND MA 02370

Title VP
Name WEST, KRISTEN M
Address 1099 HINGHAM STREET SUITE 110
City-State-Zip: ROCKLAND MA 02370

Title SENIOR VICE PRESIDENT
Name JONES, JILL L
Address 50 W SAN FERNANDO ST
STE 300
City-State-Zip: SAN JOSE CA 95113

Title ASST. SECRETARY
Name KELLY, JUDITH S
Address 1099 HINGHAM STREET SUITE 110
City-State-Zip: ROCKLAND MA 02370

Title ASST. SECRETARY
Name PRATT, LINDA M
Address 1099 HINGHAM STREET SUITE 110
City-State-Zip: ROCKLAND MA 02370

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTEN M WEST

VP, ASST SECRETARY

02/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date