

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000009183

Entity Name: NALI PORTFOLIO LLC**Current Principal Place of Business:**C/O STATE BOARD OF ADMINISTRATION OF FL
1801 HERMITAGE BLVD STE 100
TALLAHASSEE, FL 32308**Current Mailing Address:**191 N WACKER DRIVE
SUITE 2500
CHICAGO, IL 60606 US**FEI Number:** 81-3411031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 VP
Name BONINO, JOHN
Address C/O HEITMAN, 191 NORTH WACKER
DR STE 2500
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name TOGNARELLI, MAURY R
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VS
Name MCCARTHY, THOMAS D
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VT
Name CHRISTENSEN, LAWRENCE J
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VAS
Name FAWCETT, DWIGHT P
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VAS
Name EDELMAN, HOWARD J
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VAS
Name KELLY, THOMAS P
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VAT
Name GRAY, LYNNE M
Address C/O STATE BOARD OF
ADMINISTRATION OF FL
1801 HERMITAGE BLVD STE 100
City-State-Zip: TALLAHASSEE FL 32308

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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: JOHN BONINO

VICE PRESIDENT

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VAS
Name BURLAK, DAVID
Address C/O STATE BOARD OF ADMINISTRATION OF FL
1801 HERMITAGE BLVD STE 100
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER
Name STATE BOARD OF ADMINISTRATION
OF FLORIDA
Address C/O STATE BOARD OF
ADMINISTRATION OF FL
1801 HERMITAGE BLVD STE 100
City-State-Zip: TALLAHASSEE FL 32308