FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 08, 2001 8:00 am Secretary of State DOCUMENT# F98000006883 1. Entity Name TALBOT FINANCIAL SERVICES, INC. 03-08-2001 90075 009 ***150.00 Principal Place of Business Mailing Address 10785 WILLOWS RD PO BOX 34695 STE 100 SEATTLE WA 98122 C0031854 REDMOND WA 98052 2. Principal Place of Business 3. Mailing Address 90756 .0 Suite, Apt. #, etc. Suite, Act. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 91-1930436 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible _10. Election Campaign Financing --**05.00** May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (10/00) TITLE ☐ Delete ☐ Change ☐ Addition WEYMOUTH, DAVID E NAME NAME 7770 JEFFERSON NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ALBUQUERQUE NM 87109** CITY-ST-ZIP Connie Cebula TITLE Delete TITLE STREIFF, THOMAS F NAME 101 N. WACKEr Prive, Ste. 1500 NAME STREET ADDRESS 101 N. WACKER DRIVE, SUITE 1500 STREET ADDRESS Chicago, IL 60606 CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP PAULA. Beeson TITLE ☐ Delete TITLE Change Addition BEESON, PAUL A NAME NAME: 16785 Willows Rd. 75 Vice 601-UNION STREET, SUFFE 610 STREET ADORESS STREET ADDRESS Redmond, WA 98052 CITY-ST-ZIP SEATTLE-WA-98101 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition PIERSON, ROD A NAME NAME STREET ADDRESS SAFECO PLAZA T-22 STREET ADDRESS CITY-ST-ZIP SEATTLE WA 98185 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CHAVEZ, MATTHEW J NAME NAME 7770 JEFFERSON NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALBUQUERQUE NM 87109 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME LUCERO, SHARI L NAME STREET ADDRESS 7770 JEFFERSON NE STREET ADDRESS **ALBUQUERQUE NM 87109** CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATORFICER OR DIRECTOR

1/23/01

505-828-400