FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 05, 2002 8:00 am Secretary of State DOCUMENT # L9800002204 1. Entity Name 06-05-2002 90419 009 ****50.00 HEP-1-MIR, L.C. Principal Place of Business Mailing Address C/O PAMG-RE LAW DEPARTMENT C/O PAMG-RE LAW DEPARTMENT 8 CAMPUS DRIVE. 4TH FL. ARBOR CIRCLE SOUTH 8 CAMPUS DRIVE, 4TH FL. ARBOR CIRCLE SOUTH **PARSIPPANY NJ 07054-4493** PARSIPPANY NJ 07054-4493 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0876174 Not Applicable \$5.00 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. Change ☐ Addition TITLE MEM TITLE THE PRUDENTIAL INSURANCE CO OF AMERICA NAME NAME STREET ADDRESS STREET ADDRESS 8 CAMPUS DRIVE, 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP PARSIPPANY NJ 07054 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

11. 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 is true and accurage and that my 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 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE