FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004 NOV 30 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000000014

1. Limited Liability Company's Name
Northwestern Investment Management Company, LLC

2. Principal Office Address	3. Mailing Office Address
720 East Wisconsin Ave.	720 East Wisconsin Ave.
Suite, Apt. #, etc.: Room 447	Suite, Apt. #, etc.: Room 447
City & State: Milwaukee, WI	City & State: Milwaukee, WI
Zip: 53202 Country: USA	Zip: 53202 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 1-3-2001

6. FEI Number: 39-1910950 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Jeffrey R. Graves Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 11/9/04

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
sole member MGRM	Northwestern Mutual Life Ins. Company	720 East Wisconsin Avenue	Milwaukee, WI 53202

REINSTATEMENT 03-04 WD

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] SE Date: 11/15/04 Daytime Phone #: 414-665-5419

Typed or printed name of signing Managing Member/Manager: William L. McCown, Vice President