PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

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FILED
03 JAN 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000000563

1. Limited Liability Company's Name
NTSC Florida, LLC

10/4/02

2. Principal Office Address	3. Mailing Office Address
500 West Monroe Street	500 West Monroe Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	c/o Kristin Deering, GECC
City & State	City & State
Chicago, IL	Chicago, IL
Zip / Country	Zip / Country
60661 / USA	60661 / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 03/14/2001

6. FEI Number: 36-4423388 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional [illegible] for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

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

Suite, Apt. #, Etc.:

REINSTATEMENT 2002 - 2003

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: Anne E. Diamond, Asst Sec — Date: 01/27/2003
REGISTERED AGENT MUST SIGN

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
MGR	Jim Ungari	201 High Ridge Road	Stamford, CT 06927
MGR	Hugh E. Wilder	500 West Monroe Street	Chicago, IL 60661
MGR	John Greene	201 High Ridge Road	Stamford, CT 06927
MGR	Paul L. Puryear, Jr.	500 West Monroe Street	Chicago, IL 60661
S	Preston H. Abbott	201 High Ridge Road	Stamford, CT 06927
AS	Kristin M. Deering	500 West Monroe Street	Chicago, IL 60661

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: Kristin M. Deering — Date: 01/27/2003 — Daytime Phone #: 312.441.7353

Typed or printed name of signing Managing Member/Manager: Kristin M. Deering, Authorized Signatory &

Authorized Representative of a Member