2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002273 2007 MAR - 8 AM In: 02 FUND EVALUATION GROUP, LLC SECRETARY OF STATE MULAHASSEE, FLORID: Principal Place of Business Mailing Address 205 WEST 4TH STREET, SUITE 810 205 WEST 4TH STREET, SUITE 810 CINCINNATI, OH 45202 CINCINNATI, OH 45202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 01-0694771 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR see attached TITLE ☐ Delete TITLE Change ■ Addition HARSH, SCOTT B NAME NAME 100091829151 03/08/07--01034--022 ***7 STREET ADDRESS 205 W. FOURTH ST SUITE 810 STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45202 CITY-ST-7iP **75.00 MGR ☐ Change ☐ Addition TITLE ☐ Delete TITLE MEYER, CHRIS NAME NAME STREET ADDRESS 205 W 4TH STREET, SUITE 810 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINNATI, OH 45202 MGR ☐ Delete TITLE TITLE ☐ Channe Addition WOOD, REBECCA NAME NAME STREET ADDRESS 205 W. FOURTH ST SUITE 810 STREET ADDRESS CINCINNATI, OH 45202 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change Addition HENDERSON, CYNTHIA NAME NAME 205 W. FOURTH ST. SUITE 810 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45202 CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE MGR NAME PRICE, GARY NAME 205 W, FOURTH ST SUITE 810 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45202 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate 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.

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

9. Addition of the following as Managers of Fund Evaluation Group, LLC

2007 MAR -8 AH 10: 02

Benjamin, Bruce A. One Indiana Square, Suite 1525 Indianapolis, IN 46204-2022

Fasig, Susan Mahan One Indiana Square, Suite 1525 Indianapolis, IN 46204-2022

Festa, Anthony L. 205 West 4th Street, Suite 810 Cincinnati, OH 45202

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Stein, J. David 144 Starview Drive Rexburg, ID 83440-3633

Stonecipher, Michael C. 205 West 4th Street, Suite 810 Cincinnati, OH 45202