

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 FEB 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292007 REIN-LLC CR2E101 (1/07)

4. FEI Number
01-0846058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
National Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Drive, Suite 4

City Weston FL Zip Code 33331

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME CITIGROUP GLOBAL MARKETS HOLDINGS, INC.
STREET ADDRESS 388 GREENWICH STREET
CITY-ST-ZIP NEW YORK, NY 10013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Manager (Director) ☐ Change ☒ Addition
NAME Peter L. Bain
STREET ADDRESS 100 Light Street, Baltimore, MD 21202
CITY-ST-ZIP

TITLE Manager (Director) ☐ Change ☒ Addition
NAME Mark R. Fetting
STREET ADDRESS 100 Light Street, Baltimore, MD 21202
CITY-ST-ZIP

TITLE Manager (Director) ☐ Change ☒ Addition
NAME Timothy C. Scheve
STREET ADDRESS 100 Light Street, Baltimore, MD 21202
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000089979670
STREET ADDRESS 03/01/07--01048--025 **100.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE Erin L. Clark, Assistant Secretary

01/30/2007

410-454-4915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #