2007 LIMITED LIABILITY COMPANY

May 03, 2007 8:00 am Secretary of State ANNUAL REPORT 05-03-2007 90261 003 ****50.00 **DOCUMENT # M06000002053** 1. Entity Name RADÍAN CAPITAL, LLC UUU¥04J0 Principal Place of Business Mailing Address 1601 MARKET STREET 1601 MARKET STREET PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4394039 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARLEN, SUSAN Street Address (P.O. Box Number is Not Acceptable) 1419 HOLLEMAN DRIVE VALRICO, FL 33594 City 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete Manager **✓** Addition TITLE ☐ Change Mark A. Casale NAME BOHM, TAMI A NAME 1601 Market S 1601 MARKET STREET. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19103 CITY-ST-ZIP Delete MGR TITLE Manager ☐ Change Addition KASMAR, ROY NAME NAME S.A. Ibrahin STREET ADDRESS 1601 MARKET STREET STREET ADDRESS 1601 Market CITY-ST-ZIP PHILADELPHIA, PA 19103 CITY-ST-ZIP <u>Philadelphia, PA</u> MGR Delete TITLE Addition TITLE Mana ger ☐ Change ROSSBACH, DOUGLAS Tereso Bryce Street NAME NAME STREET ADDRESS 1601 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19103 CITY-ST-ZIP Philadelphia, PA ☐ Defete TITLE Manager ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Philadelphia, Managert C.Robert Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME 1601 market street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

11. Thereby 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.