2008 LIMITED LIABILITY COMPANY

May 07, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M06000002053** 05-07-2008 90018 024 ***138.75 RADIAN CAPITAL, LLC 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. 04252008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-4394039 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 KARLEN, SUSAN Street Address (P.O. Box Number is Not Acceptable) 1419 HOLLEMAN DRIVE VALRICO, FL 33594 Zip Code 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE ☐ Change ☐ Addition BOHM, TAMI A NAME NAME STREET ADDRESS 1601 MARKET STREET STREET ADDRESS PHILADELPHIA, PA 19103 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME QUINT, C.ROBERT NAME STREET ADDRESS 1601 MARKET STREET STREET ADDRESS PHILADELPHIA, PA 19103 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME CRONER, ROBERT NAME STREET ADDRESS 1601 MARKET STREET STREET ADDRESS PHILADELPHIA, PA 19103 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change M Addition TITLE MGR TITLE Manager CASALE, MARK A David Applegate NAME NAME STREET ADDRESS 1601 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19103 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change Addition IBRAHIM, S.A. NAME NAME 1601 MARKET STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19103 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE:

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

MGR

BRYCE, TERESA

1601 MARKET STREET

PHILADELPHIA, PA 19103

TITLE

STREET ADDRESS

4/25/01

☐ Change

☐ Addition

FILED