

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002097

Entity Name: NM-EXCHANGE THREE, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

720 EAST WISCONSIN AVENUE
C/O THE NW MUTUAL LIFE INSURANCE
MILWAUKEE, WI 532024797

New Principal Place of Business:

720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202 US

Current Mailing Address:

PO BOX 3170
MILWAUKEE, WI 53201

New Mailing Address:

PO BOX 3170
MILWAUKEE, WI 532013170 US

FEI Number: 20-2983574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE NORTHWESTERN MUTUAL LIFE INSURANCE COM
Address: 720 EAST WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE NORTHWESTERN MUTUAL LIFE INSURANCE COM
Address: 720 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THE NORTHWESTERN MUTUAL LIFE INSURANCE COM MGRM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date