2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ANN ARBOR ANNUITY EXCHANGE, LLC

Current Principal Place of Business:

45 RESEARCH DR., STE D
ANN ARBOR, MI 48105 US

New Principal Place of Business:

45 RESEARCH DRIVE
SUITE D
ANN ARBOR, MI 48105 US

Current Mailing Address:

45 RESEARCH DR., STE D
ANN ARBOR, MI 48105 US

New Mailing Address:

45 RESEARCH DRIVE
SUITE D
ANN ARBOR, MI 48105 US

FEI Number: 20-5539778 **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: MGR
Name: LUMBARD, VAN MGR
Address: 45 RESEARCH DRIVE, SUITE D
City-St-Zip: ANN ARBOR, MI 48105 US

Title: MGR
Name: PETERSON, BRIAN B MGR
Address: 45 RESEARCH DRIVE, SUITE D
City-St-Zip: ANN ARBOR, MI 48105 US

Title: MGR
Name: THOMAS, ANTHONY G MGR
Address: 45 RESEARCH DRIVE, SUITE D
City-St-Zip: ANN ARBOR, MI 48105 US

I hereby 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 Statues.

SIGNATURE: LAURA LOUIS POA 04/02/2012

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