2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # M06000006271** 04-27-2007 90040 042 ****50.00 1. Entity Name FARMERS SERVICES, LLC Principal Place of Business Mailing Address RN042659 4680 WILSHIRE BLVD. 4680 WILSHIRE BLVD. LOS ANGELES, CA 90010 LOS ANGELES, CA 90010 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 35-2281892 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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) 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 Vice President MGR TITLE ☐ Delete TITLE ☐ Change Addition SCHOFIELD, KEITHA NAME Peter Klute NAME 4680 WILSHIRE BLVD. STREET ADDRESS STREET ADDRESS 4680 Wilshire Blvd LOS ANGELES, CA 90010 CITY-ST-ZIP CITY-ST-ZIP Los Angeles CA 90010 TITI F MGR ☐ Delete TITLE Change ■ Addition FRANKLIN, JAN NAME NAME STREET ADDRESS 4680 WILSHIRE BLVD. STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90010 CITY-ST-ZIP MGR TITLE Delete ☐ Addition MCDANIEL, LYNN NAME NAME STREET ADDRESS 5600 BEECH TREE LANE STREET ADDRESS CITY-ST-ZIP CALEDONIA, MI 49316 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

VICE PRESIDENT

Daytime Phone

PETER KLUTE

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