2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: PEPPLE CANTU SCHMIDT PLLC

Current Principal Place of Business:

2430 ESTANCIA BLVD, SUITE 114
CLEARWATER, FL 33761

Current Mailing Address:

2430 ESTANCIA BLVD, SUITE 114
CLEARWATER, FL 33761

FEI Number: 91-1697386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRUSTEE AND CORPORATE SERVICES, INC.
2430 ESTANCIA BOULEVARD, SUITE 114
CLEARWATER, FL 33761 US

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: DAVID O. CANTU, MEMBER 01/07/2014

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	PEPPLE, DANIEL P
Address	1000 SECOND AVENUE, SUITE 2950
City-State-Zip:	SEATTLE WA 98104

Title	MGRM
Name	SCHMIDT, JACKSON
Address	1000 SECOND AVENUE, SUITE 2950
City-State-Zip:	SEATTLE WA 98104

Title	MGMR
Name	WILLIAMS, AMBER F
Address	2430 ESTANCIA BLVD, SUITE 114
City-State-Zip:	CLEARWATER FL 33761

Title	MGMR
Name	JONES, TIMOTHY W
Address	1000 SECOND AVENUE, SUITE 2950
City-State-Zip:	SEATTLE WA 98104

Title	MGRM
Name	CANTU, DAVID O
Address	2430 ESTANCIA BOULEVARD, SUITE 114
City-State-Zip:	CLEARWATER FL 33761

Title	MGRM
Name	HAWKINSON, JEFFREY M
Address	1000 SECOND AVENUE, SUITE 2950
City-State-Zip:	SEATTLE WA 98104

Title	MGMR
Name	ODOM, JEFFREY M
Address	1000 SECOND AVENUE, SUITE 2950
City-State-Zip:	SEATTLE WA 98104

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID O. CANTU MEMBER 01/07/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date