2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004946

Entity Name: ATWELL, LLC

Current Principal Place of Business:

TWO TOWNE SQUARE, SUITE 700 SOUTHFIELD. MI 48076

Current Mailing Address:

TWO TOWNE SQUARE, SUITE 700 SOUTHFIELD, MI 48076

FEI Number: 27-1219822 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC. 155 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2014

Secretary of State

CC1459567444

Authorized Person(s) Detail :

Title MANAGER

Name WENZEL, BRIAN R. Name MCNULTY, DAN

Address TWO TOWNE SQUARE, SUITE 700 Address TWO TOWNE SQUARE, SUITE 700

Title

MANAGER

City-State-Zip: SOUTHFIELD MI 48076 City-State-Zip: SOUTHFIELD MI 48076

Title MANAGER Title MANAGER

Name AUGUSTINE, TIMOTHY Name BEAUGRAND, ROBERT W

Address TWO TOWNE SQUARE, SUITE 700 Address TWO TOWNE SQUARE, SUITE 700

City-State-Zip: SOUTHFIELD MI 48076 City-State-Zip: SOUTHFIELD MI 48076

Title MANAGER Title MANAGER

Name HENDERSON, WILLIAM Name NORTHROP, THEODORE J

Address TWO TOWNE SQUARE, SUITE 700 Address TWO TOWNE SQUARE, SUITE 700

City-State-Zip: SOUTHFIELD MI 48076 City-State-Zip: SOUTHFIELD MI 48076

Title MANAGER

Name PETSCHAUER, RODERICK A

Address TWO TOWNE SQUARE, SUITE 700

City-State-Zip: SOUTHFIELD MI 48076

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: BRIAN WENZEL MANAGER 04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date