

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000002635

**Entity Name:** SCFD LLC**Current Principal Place of Business:**ONE FEDERAL STREET, 3RD FLOOR  
BOSTON, MA 02110**Current Mailing Address:**800 NICOLLET MALL  
BC-MN-H21O  
MINNEAPOLIS, MN 55402 US**FEI Number:** 45-5218337**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	FILOMIA, GAYLE L
Address	ONE FEDERAL STREET, 3RD FLOOR
City-State-Zip:	BOSTON MA 02110

Title	MGR, VP
Name	LINDSAY, JACK E
Address	ONE FEDERAL STREET, 3RD FLOOR
City-State-Zip:	BOSTON MA 02110

Title	ASSISTANT SECRETARY
Name	BIDON, LINDA E
Address	800 NICOLLET MALL BC-MN-H21O
City-State-Zip:	MINNEAPOLIS MN 55402

Title	SVP AND TREASURER
Name	STERN, JOHN C
Address	800 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55402

Title	SVP, SECRETARY
Name	BEDNARSKI, LAURA F
Address	800 NICOLLET MALL BC-MN-H21O
City-State-Zip:	MINNEAPOLIS MN 55402

Title	ASSISTANT SECRETARY
Name	KNACK, NATASHA
Address	800 NICOLLET MALL
City-State-Zip:	MINNEAPOLIS MN 55402

*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:** NATASHA M KNACK**ASSISTANT SECRETARY** 04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date