

2013 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:**ONE FEDERAL STREET, 3RD FLOOR
BOSTON, MA 02110**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	MGR, PRESIDENT
Name	FILOMIA, GAYLE L
Address	ONE FEDERAL STREET, 3RD FLOOR
City-State-Zip:	BOSTON MA 02110

Title	MGR
Name	DONAGHEY, ERIC J
Address	ONE FEDERAL STREET, 3RD FLOOR
City-State-Zip:	BOSTON MA 02110

Title	MGR
Name	NEVINA, TARA A
Address	ONE FEDERAL STREET, 3RD FLOOR
City-State-Zip:	BOSTON MA 02110

Title	ASSISTANT SECRETARY
Name	LARSON, MELISSA S
Address	800 NICOLLET MALL BC-MN-H21O
City-State-Zip:	MINNEAPOLIS MN 55402

Title	SVP AND TREASURER
Name	NELSON, KENNETH D
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA S. LARSON**ASSISTANT SECRETARY** 02/05/2013_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date