

**2025 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            NEVINS, TARA A  
Address        ONE FEDERAL STREET, 3RD FLOOR  
City-State-Zip: BOSTON MA 02110

Title            MGR, VP  
Name            O'HARA, JANET  
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            WIPPLER, LUKE R  
Address        800 NICOLLET MALL  
City-State-Zip: MINNEAPOLIS MN 55402

Title            VP, SECRETARY  
Name            MAISER, ELIZABETH E  
Address        800 NICOLLET MALL  
                 BC-MN-H21O  
City-State-Zip: MINNEAPOLIS MN 55402

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

Title            ASST. SECRETARY  
Name            GREER, CORTRELLA  
Address        800 NICOLLET MALL  
                 BC-MN-H21O  
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:** CORTRELLA GREER**ASSISTANT SECRETARY    04/28/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date