

2024 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	QUAILE, MICHAEL T
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

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 BARBER**ASSISTANT SECRETARY** 04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date