

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000008872

Entity Name: OAK POINTE CAMPUS LLC

Current Principal Place of Business:

380 UNION ST SUITE 300
WEST SPRINGFIELD, MA 01089

Current Mailing Address:

380 UNION ST SUITE 300
WEST SPRINGFIELD, MA 01089 US

FEI Number: 47-2462690

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
Name NEPSA MANAGER LLC
Address 3800 UNION STREET STE 300
City-State-Zip: WEST SPRINGFIELD MA 01089

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: JOHN HARRELSON

CONTROLLER

01/16/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date