

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002151

**Entity Name:** BW RRI IV LLC

**Current Principal Place of Business:**

5847 SAN FELIPE STE 4600  
HOUSTON, TX 77057

**Current Mailing Address:**

5847 SAN FELIPE STE 4600  
HOUSTON, TX 77057 US

**FEI Number:** 47-3374414

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 & TREASURER  
Name            THOWFEEK, MOHAMED  
Address        5847 SAN FELIPE  
                  SUITE 4600  
City-State-Zip: HOUSTON TX 77057

Title            VICE PRESIDENT & SECRETARY  
Name            KLINGHER, MICHAEL  
Address        5847 SAN FELIPE  
                  SUITE 4600  
City-State-Zip: HOUSTON TX 77057

Title            VP  
Name            LALLANI, DORRAINE  
Address        5847 SAN FELIPE  
                  SUITE 4600  
City-State-Zip: HOUSTON TX 77057

Title            AUTHORIZED REPRESENTATIVE  
Name            ALEXANDER, ANDREW  
Address        605 S. FRONT STREET  
City-State-Zip: COLUMBUS OH 43215

Title            AUTHORIZED REPRESENTATIVE  
Name            FOLEY, BRENDAN  
Address        605 S. FRONT STREET  
City-State-Zip: COLUMBUS OH 43215

*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:** ANDREW ALEXANDER

**AUTHORIZED  
REPRESENTATIVE**

**05/05/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date