2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500007077

Entity Name: GALAXY GP, LLC

Current Principal Place of Business:

667 N. BROAD STREET PHILADELPHIA, PA 19123

Current Mailing Address:

667 N. BROAD STREET PHILADELPHIA, PA 19123 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US FILED Jan 07, 2020 Secretary of State 2158609633CC

Date

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

| Title | SECRETARY | Title | MANAGER, CHAIRMAN |
|-----------------|-------------------------|-----------------|---------------------------------|
| Name | MAYER-SCHULER, BRITTANY | Name | POIROT, OLIVIER |
| Address | 667 N. BROAD STREET | Address | 667 N. BROAD STREET |
| City-State-Zip: | PHILADELPHIA PA 19123 | City-State-Zip: | PHILADELPHIA PA 19123 |
| Title | MANAGER, CFO, TREASURER | Title | MANAGER, PRESIDENT |
| Name | HUNT, JEFFREY | Name | KING, MATTHEW |
| Address | 667 N. BROAD STREET | Address | 300 S TRYON STREET SUITE 400 |
| City-State-Zip: | PHILADELPHIA PA 19123 | City-State-Zip: | |
| Title | ASST. SECRETARY | | |
| Name | MCNAMARA, KEVIN | | |
| Address | 667 N. BROAD STREET | | |
| City-State-Zip: | PHILADELPHIA PA 19123 | | |
| | | | |

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: KEVIN MCNAMARA

ASSISTANT SECRETARY 01/07/2020

Electronic Signature of Signing Authorized Person(s) Detail