

1.) CORPORATION NAME:

PG (MULTI-16) QRS 16-7, INC.

DUE DATE: **8/31/2011**

SCC ID NO: **F1598640**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 ROCKEFELLER PLAZA
2ND FLOOR

CITY/ST/ZIP: NEW YORK, NY 10020-1605

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JULIE DWYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	50 ROCKEFELLER PLAZA 2ND FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020-1605		
NAME:	SUSAN C. HYDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	50 ROCKEFELLER PLAZA 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020-		
NAME:	THOMAS ZACHARIAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	50 ROCKEFELLER PLAZA 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020-1605		
NAME:	JEFFREY ZOMBACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	50 ROCKEFELLER PLAZA 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020-1605		
NAME:	JEFFREY ZOMBACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 ROCKEFELLER PLAZA, 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020-		

NAME: WM POLK CAREY TITLE: DIRECTOR ADDRESS: 50 ROCKEFELLER PLAZA 2ND FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10020-1605	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RICHARD J. PINOLA TITLE: DIRECTOR ADDRESS: 50 ROCKEFELLER PLAZA, 2ND FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10020-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ELIZABETH P. MUNSON TITLE: DIRECTOR ADDRESS: 50 ROCKEFELLER PLAZA, 2ND FLOOR CITY/ST/ZIP/CO: NEW YORK, VA 10020-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JULIE DWYER</u>	<u>JULIE DWYER, ASST TREASURER</u>	<u>8/9/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.