

1.) CORPORATION NAME:

DeAWM Distributors, Inc.

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1846643**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	1,000
COMB	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 222 SOUTH RIVERSIDE PLAZA

CITY/ST/ZIP: CHICAGO, IL 60606

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.

<p>NAME: ROBERT KENDALL TITLE: PRESIDENT ADDRESS: 222 SOUTH RIVERSIDE PLAZA CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JUDITH IRISH TITLE: VICE PRESIDENT ADDRESS: 345 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10154</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHRISTINE ROSNER TITLE: VICE PRESIDENT ADDRESS: 345 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10154</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH SARBINOWSKI TITLE: VICE PRESIDENT ADDRESS: 345 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PAUL SCHUBERT TITLE: VICE PRESIDENT ADDRESS: 60 WALL STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL INTERRANTE TITLE: TREASURER ADDRESS: 60 WALL STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: CYNTHIA NESTLE TITLE: COO ADDRESS: 345 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10154	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANJIE LAROCCA TITLE: ASST SECRETARY ADDRESS: 60 WALL ST CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CAROLINE PEARSON TITLE: SECRETARY ADDRESS: ONE BEACON STREET CITY/ST/ZIP/CO: BOSTON, MA 02108	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DONNA WHITE TITLE: CCO ADDRESS: 60 WALL STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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.		
/s/ ANJIE LAROCCA _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANJIE LAROCCA, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	1/5/2015 _____ 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.		