Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI D2094-2615         (401) 222-3040         Limited Liability Company         Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing         Intercent Reformation         State: 2016         1. ID No. 000150031         2         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code         S2         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islat         RETIREMENT PLANS RECORDKEEPING SERVICES         5. Principal Office Address         No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR       State: CT       Zip: 06095       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street: <t< th=""><th></th><th></th><th></th><th></th></t<>					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Pendol. September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirk (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2016         1. ID No.       000150031         2. Exact Name of the Limited Liability Company Voya Institutional Plan Services, LLC         3 State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         INAICS Code       52         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islar         RITIREMENT PLANS RECORDKEEPING SERVICES         5. Principal Office Address         No. and Street: ONE ORANGE WAY City or Town: WINDSOR         Contact Title: No. and Street: ONE ORANGE WAY City or Town: WINDSOR         Contact Title: No. and Street: ONE ORANGE WAY City or Town: WINDSOR         Contact Title: No. and Street: ONE ORANGE WAY City or Town: WINDSOR         Contact Title: No. and Street: ONE ORANGE WAY City or Tow				DNS Fee: \$50.0	
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2016         1. ID No.       000150031         2. Exact Name of the Limited Liability Company Voya Institutional Plan Services, LLC         3. State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       52         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islar         RETIREMENT PLANS RECORDKEEPING SERVICES         5. Principal Office Address         No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR       State: CT       Zip: 06095       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       ONE ORANGE WAY       City or Town:	Division Of Business Services				
(401) 222-3040         Limited Liability Company Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(dx6.0) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2016         1. ID No.       000150031         2. Exact Name of the Limited Liability Company Voya Institutional Plan Services, LLC         3. State of Formation State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         INAICS Code       52         4 Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islam         RETIREMENT PLANS RECORDKEEPING SERVICES         5. Principal Office Address         No. and Street:       ONE ORANGE WAY City or Town:       Time ORANGE WAY WINDSOR       State: CT       Zip: 06095       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: No. and Street:       ONE ORANGE WAY City or Town:       Cuntery: USA         Contact Title: No. and Street:       ONE ORANGE WAY City or Town:       Contact Title: No. and Street:       ONE ORANGE WAY City or Town:       Country: U					
Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR:       2016         1. ID No.       000150031         2. Exact Name of the Limited Liability Company Voya Institutional Plan Services, LLC         3. State of Formation         State:       DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       52         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islar         RETIREMENT PLANS RECORDKEEPING SERVICES         5. Principal Office Address         No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR       State: CT       Zip: 06095       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Title:       No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR       State: CT       Zip: 06095       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.					
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-6(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2016         1. ID No.       000150031         2. Exact Name of the Limited Liability Company Voya Institutional Plan Services, LLC         3. State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       52         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islar         RETIREMENT PLANS RECORDKEEPING SERVICES         5. Principal Office Address         No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR       State: CT       Zip: 06095       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:         ONE ORANGE WAY         Contact Title:         No. and Street:       ONE ORANGE WAY         Conta	HOPE	(401) 222-30	940		
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-6(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2016         1. ID No.       000150031         2. Exact Name of the Limited Liability Company Voya Institutional Plan Services, LLC         3. State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       52         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islar         RETIREMENT PLANS RECORDKEEPING SERVICES         5. Principal Office Address         No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR       State: CT       Zip: 06095       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:         ONE ORANGE WAY         Contact Title:         No. and Street:       ONE ORANGE WAY         Conta	Limited Liability Com	ipany			
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3. State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       52         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islar         RETIREMENT PLANS RECORDKEEPING SERVICES         5. Principal Office Address         No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR         State: CT       Zip: 06095         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR         State: CT       Zip: 06095         Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Address, City or Town, State, Zip Code, Country: USA	1. ID No. <u>00015003</u>	<u>1</u>			
State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       52         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islar         RETIREMENT PLANS RECORDKEEPING SERVICES         5. Principal Office Address         No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR       State: CT       Zip: 06095       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR       State: CT       Zip: 06095       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       ONE ORANGE WAY         City or Town:       WINDSOR       State: CT       Zip: 06095       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Individual Name       Address         First, Middle, Last, Suffix <td colspan="5">2. Exact Name of the Limited Liability Company Voya Institutional Plan Services, LLC</td>	2. Exact Name of the Limited Liability Company Voya Institutional Plan Services, LLC				
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NAICS Code       6       52         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islar         RETIREMENT PLANS RECORDKEEPING SERVICES         5. Principal Office Address         No. and Street: <u>ONE ORANGE WAY</u> City or Town:       WINDSOR         State: <u>CT</u> Zip: <u>06095</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: <u>ONE ORANGE WAY</u> No. and Street: <u>ONE ORANGE WAY</u> City or Town: <u>WINDSOR</u> State: <u>CT</u> Zip: <u>06095</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Count	ARTICLE III				
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No. and Street: City or Town:       ONE ORANGE WAY WINDSOR       State: CT       Zip:       06095       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name First, Middle, Last, Suffix       Address         Title       Individual Name First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact F	Person:	
City or Town:       WINDSOR       State:       CT       Zip:       06095       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address       Address       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Count       Count					
Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Count					
DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Count	City or Town: <u>VVIN</u>	<u>DSOR</u> State:	<u>CI</u> Zip: <u>06095</u>	Country: <u>USA</u>	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Count					
	Title	Individual Name	Ade	dress	
		First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country	
MANAGER DAVID S. PENDERGRASS 5780 POWERS FERRY ROAD ATLANTA, GA 30327 USA	MANAGER	DAVID S. PENDERGRASS			

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 9 Day of September, 2016 at 3:19:55 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>TINA SCHULTZ</u> Signature of Authorized D

Signature of Authorized Person

Form No. 632 Revised 09/07

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