

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000445

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** METLIFE ASSOCIATES LLC

**Current Principal Place of Business:**

1095 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036 US

**New Principal Place of Business:**

**Current Mailing Address:**

1095 AVENUE OF THE AMERICAS  
TAX DEPARTMENT - 15TH FLOOR  
NEW YORK, NY 10036 US

**New Mailing Address:**

1095 AVENUE OF THE AMERICAS  
TAX DEPARTMENT - MSC-15017  
NEW YORK, NY 10036 US

**FEI Number:** 13-2862391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: PD  
Name: FARRELL, MICHAEL K  
Address: 10 PARK AVENUE  
City-St-Zip: MORRISTOWN, NJ 07962

Title: VP  
Name: HOGAN, THOMAS G JR  
Address: 400 ATRIUM DRIVE  
City-St-Zip: SOMERSET, NJ 08873

Title: AT  
Name: KOEGER, JAMES W  
Address: 13045 TESSON FERRY RD  
City-St-Zip: SAINT LOUIS, MO 63128

Title: VP  
Name: LOVASZ, ANDREW C  
Address: 400 ATRIUM DRIVE  
City-St-Zip: SOMERSET, NJ 08873

Title: AT  
Name: ZDEB, JOSEPH A  
Address: 1095 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOSEPH A. ZDEB

AT

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date