


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90076 017 \*\*\*\*55.00

DOCUMENT # M00000002068						
1. Entity Name CITISTREET LLC						
Principal Place of Business 3 BATTERYMARCH PARK QUINCY, MA 02169			Mailing Address 3 BATTERYMARCH PARK ATTN: EILEEN COTTER QUINCY, MA 02169			
2. Principal Place of Business One Heritage Drive		3. Mailing Address One Heritage Drive				
Suite, Apt. #, etc.		Suite, Apt. #, etc. Eileen Cotter - JP5S				
City & State No. Quincy, MA		City & State No. Quincy, MA		03042005 Chg-LLC CR2E083 (10/03)		
Zip 02171		Country USA		4. FEI Number 04-3516284		
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>						
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANTONELLIS, JOSEPH C		NAME	<i>See attachment</i>		
STREET ADDRESS	225 FRANKLIN ST., 4TH FLOOR		STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02110		CITY-ST-ZIP			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGHI, ROBERT C		NAME			
STREET ADDRESS	TWO TOWER CENTER		STREET ADDRESS			
CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816		CITY-ST-ZIP			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARBERT, TIMOTHY B		NAME			
STREET ADDRESS	2 INTERNATIONAL PLACE, 34TH FLOOR		STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02110		CITY-ST-ZIP			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOLEY, JAY		NAME			
STREET ADDRESS	225 FRANKLIN ST., 4TH FLOOR		STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02111		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	see attached list		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Philip Lussier</i>		Philip Lussier		4/13/05 617.376.7305		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #		

30009385



# ATTACHMENT

CitiStreet  
Managers  
2005

30009385  
#M000000002068

Peter Cieszko

Managing Director, Head of U.S. Retail/High Net Worth Mgmt.  
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Gary A. Jenkins

General Counsel - Secretary to the Board  
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