2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2005
Secretary of State

DOCUMENT# M04000001461

Entity Name: FSA MEMBERSHIP SERVICES, LLC

Current Principal Place of Business:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGR ( ) Delete
Name: BUCKMAN, JAMES E
Address: 9 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10029

Title: MGR ( ) Delete
Name: SMITH, RICHARD A
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: HUBER, JOSEPH
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the 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 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 HUBER MGR 01/23/2005

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