

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90096 029 ****55.00

DOCUMENT # L01000008478

1. Entity Name

CSC INTERNATIONAL, L.L.C.



Principal Place of Business

P.O. BOX 547
180 SUMMIT AVE.
MONTVALE NJ 07645

Mailing Address

P.O. BOX 547
180 SUMMIT AVE.
MONTVALE NJ 07645

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3805390

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete
NAME SACKERMAN, CHARLES
STREET ADDRESS 11 STURBRIDGE DRIVE
CITY-ST-ZIP WOODCLIFF LAKE NJ 07675

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Managing member ☐ Change ☒ Addition
NAME Kathleen McGovern
STREET ADDRESS 180 Summit Ave
CITY-ST-ZIP Montvale NJ 07645

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Kathleen McGovern Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/1/04 201-930-0533
Date Daytime Phone #