



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

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	 01262008 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE		
		4. FEI Number 22-3805390
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		000000451090 03/10/06-80035-008 55.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SACKERMAN, CHARLES 11 STURBRIDGE DRIVE WOODCLIFF LAKE, NJ 07675	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGOVERN, KATHLEEN 180 SUMMIT AVE MONTVALE, NJ 07645	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kathleen McGovern</u> <u>2/23/06</u> <u>201-980-0533</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> <small>Daytime Phone #</small>