2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079363

Entity Name: PIA HOLDINGS LLC

Name:

Address:

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE SE THIRD AVENUE, 25TH FLOOR C/O CAROL L. SCHOFFÉL FABER, AKERMAN SENTE MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** ONE SE THIRD AVENUE, 25TH FLOOR C/O CAROL L. SCHOFFÉL FABER, AKERMAN SENTE MIAMI, FL 33131 FEI Number: 26-3697007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US 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: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition CRAIG, ROBERT MGR Name: Name: Address: Address: 195 MONTAGUE STREET BROOKLYN, NY 11201 US City-St-Zip: City-St-Zip: Title: Title: MGR () Change (X) Addition () Delete Name: Name: LEE, MICHAEL A MGR Address: Address: ONE FINANCIAL PLAZA City-St-Zip: City-St-Zip: PROVIDENCE, RI 02903 US Title: () Delete Title: MGRM () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SOVEREIGN BANK

VILLANOVA, PA 19085 US

ONE ALDWYN LANE, MC: 20-536-CO1

SIGNATURE: SOVEREIGN BANK MGRM 04/27/2009