2005 LIMITED LIABILITY COMPANY

Apr 12, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M00000000445** 04-12-2005 90018 009 ****50.00 1. Entity Name CITISTREET ASSOCIATES LLC Principal Place of Business Mailing Address TWO TOWER CENTER TWO TOWER CENTER EAST BRUNSWICK, NJ 08816 EAST BRUNSWICK, NJ 08816 2. Principal Place of Business 3. Mailing Address DRIVE 400 ATRIVE DRIVE 400 ATRIVM Suite, Apt. #, etc. Suite, Apt. #, etc. 03292005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For SOMERSET. SOMERSET 13-2862391 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 08873 П 08873 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 """说我可能是这一个 Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE Delete TITLE ☐ Change ☐ Addition DUGHI, ROBERT C NAME NAME 525 VALLEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WATCHING, NJ 07060 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition FEINBERG, PAUL S NAME NAME 400 ATRIVA DRIVE STREET ADDRESS 2 MOLWINGATE LOAD STREET ADDRESS NJ CITY-ST-ZIP ALLENHURST, NJ 07711 CITY-ST-ZIP SOMERSET 08-873 TITLE TITLE Delete ☐ Addition SKINNER, MARK M NAME NAME 400 ATRIVM DRIVE STREET ADDRESS 26 HILL TOP TERR STREET ADDRESS SOMERSET NI OFF73 CITY-ST-7IP CHATHAM, NJ 07928 CITY-ST-ZIP VICE PRES. TITLE TITLE SVP ☐ Change 💹 Delete Addition LAPLACA, THERESA SUSAN T. CESANO NAME NAME 16 WATERBURY COURS STREET ADDRESS STREET ADDRESS 400 ATRIUM DRIVE ALLENTOWN, NJ 08501 CITY-ST-ZIP CITY - ST - ZIP SOMERSET NJ 08873 TITLE ☐ Delete TITLE (Change ☐ Addition VALENTINE, WILLIAM D NAME NAME 400 ATRIVA DRIVE 95 HARRISON AVE STREET ADDRESS STREET ADDRESS MONTCLAIR, NJ 07042 CITY-ST-ZIP SOMERSET NJ OFF13 CITY-S1-ZIP

FILED

Change

400 ATRIVM DRIVE

SOMERSET, NJ 08877

☐ Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

SHAPIRO, LYNNE C

MIDDLETOWN, NJ 07748

10 AUTUMN LANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE