


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000000446</b>	
1. Entity Name CITISTREET FINANCIAL SERVICES LLC	

Principal Place of Business TWO TOWER CENTER EAST BRUNSWICK, NJ 08816	Mailing Address TWO TOWER CENTER EAST BRUNSWICK, NJ 08816
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 22-2125964	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000132929  
04/27/04-80067-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUGHI, ROBERT C 525 VALLEY RD WATCHING, NJ 07060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKINNER, MARK M 26 HILL TOP TERR CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEINBERG, PAUL S 2 MILWIN GATE RD ALLENHURST, NJ 07711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VALENTINE, WILLIAM D 95 HARRISON AVE MONSCLAIR, NJ 07042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LA PLACA, THERRIA 16 WATERBURY COURT ALLEN TOWN, NJ 08501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAPIRO, LYNNE C 10 AUTUMN LANE MIDDLETOWN, NJ 07748

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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: *Theresa LaPlaca* Theresa LaPlaca 4/14/04 (732) 514 2055