


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90018 050 \*\*\*\*50.00

<b>DOCUMENT # M00000000446</b>					
<b>1. Entity Name</b> CITISTREET FINANCIAL SERVICES LLC					
<b>Principal Place of Business</b> TWO TOWER CENTER EAST BRUNSWICK, NJ 08816			<b>Mailing Address</b> TWO TOWER CENTER EAST BRUNSWICK, NJ 08816		
<b>2. Principal Place of Business</b> 400 ATRIUM DRIVE		<b>3. Mailing Address</b> 400 ATRIUM DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> SOMERSET, NJ		<b>City &amp; State</b> SOMERSET, NJ		<b>4. FEI Number</b> 22-2125964	
<b>Zip</b> 08873		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P DUGHI, ROBERT C 525 VALLEY RD WATCHING, NJ 07060	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP SKINNER, MARK M 26 HILL TOP TERR CHATHAM, NJ 07928	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	400 ATRIUM DRIVE SOMERSET, NJ 08873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S FEINBERG, PAUL S 2 MILWIN GATE RD ALLENHURST, NJ 07711	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	400 ATRIUM DRIVE SOMERSET, NJ 08873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	C VALENTINE, WILLIAM D 95 HARRISON AVE MONSCLAIR, NJ 07042	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	400 ATRIUM DRIVE SOMERSET, NJ 08873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VT LA PLACA, THERRIA 16 WATERBURY COURT ALLENTOWN, NJ 08501	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP-TREASURER MATTHEW G. RIORDAN 400 ATRIUM DRIVE SOMERSET, NJ 08873 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP SHAPIRO, LYNNE C 10 AUTUMN LANE MIDDLETOWN, NJ 07748	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	400 ATRIUM DRIVE SOMERSET, NJ 08873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			3/30/05 732-5742015		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		