

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90035 029 \*\*\*\*50.00

DOCUMENT # M00000000446

1. Entity Name  
CITISTREET FINANCIAL SERVICES LLC



Principal Place of Business  
400 ATRIUM DRIVE  
SOMERSET, NJ 08873

Mailing Address  
400 ATRIUM DRIVE  
SOMERSET, NJ 08873

40088521



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
22-2125964

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE VP  
NAME SKINNER, MARK M  
STREET ADDRESS 400 ATRIUM DRIVE  
CITY-ST-ZIP SOMERSET, NJ 08873 ☒ Delete

TITLE PRESIDENT  
NAME MICHAEL K. FARRELL  
STREET ADDRESS 400 ATRIUM DRIVE  
CITY-ST-ZIP SOMERSET NJ 08873 ☐ Change ☒ Addition

TITLE S  
NAME FEINBERG, PAUL S  
STREET ADDRESS 400 ATRIUM DRIVE  
CITY-ST-ZIP SOMERSET, NJ 08873 ☒ Delete

TITLE SECRETARY  
NAME DANIEL D. JORDAN  
STREET ADDRESS 400 ATRIUM DRIVE  
CITY-ST-ZIP SOMERSET NJ 08873 ☐ Change ☒ Addition

TITLE C  
NAME VALENTINE, WILLIAM D  
STREET ADDRESS 400 ATRIUM DRIVE  
CITY-ST-ZIP SOMERSET, NJ 08873 ☒ Delete

TITLE VICE PRESIDENT  
NAME THOMAS G. HOGAN  
STREET ADDRESS 400 ATRIUM DRIVE  
CITY-ST-ZIP SOMERSET NJ 08873 ☐ Change ☒ Addition

TITLE VT  
NAME RIORDAN, MATTHEW G.  
STREET ADDRESS 400 ATRIUM DRIVE  
CITY-ST-ZIP SOMERSET, NJ 08873 ☒ Delete

TITLE VICE PRESIDENT  
NAME CRAIG S. CHEYNE  
STREET ADDRESS 400 ATRIUM DRIVE  
CITY-ST-ZIP SOMERSET NJ 08873 ☐ Change ☒ Addition

TITLE VP  
NAME SHAPIRO, LYNNE C  
STREET ADDRESS 400 ATRIUM DRIVE  
CITY-ST-ZIP SOMERSET, NJ 08873 ☒ Delete

TITLE VICE PRES  
NAME LORI M. RENZULLI  
STREET ADDRESS 400 ATRIUM DRIVE  
CITY-ST-ZIP SOMERSET NJ 08873 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Thomas G. Hogan*

THOMAS G HOGAN

4/27/06

732/14/2015

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

Date

Daytime Phone