

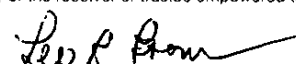


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90256 020 ****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	
2. Principal Place of Business - No P.O. Box # One MetLife Plaza		3. Mailing Address One MetLife Plaza			
Suite, Apt. #, etc. 27-01 Queens Plaza N.		Suite, Apt. #, etc. 27-01 Queens Plaza N.			
City & State Long Island City, NY		City & State Long Island City, NY			
Zip 11101	Country USA	Zip 11101	Country USA		
4. FEI Number 22-2125964				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRELL, MICHAEL K 400 ATRIUM DRIVE SOMERSET, NJ 08873	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, DANIEL D 400 ATRIUM DRIVE SOMERSET, NJ 08873	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOGAN, THOMAS G 400 ATRIUM DRIVE SOMERSET, NJ 08873	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEKNE, CRAIG S 400 ATRIUM DRIVE SOMERSET, NJ 08873	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RENUZZI, LORI H 400 ATRIUM DRIVE SOMERSET, NJ 08873	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John F. Guthrie, Jr. 501 Boylston Street Boston, MA 02116	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael K. Farrell 10 Park Avenue Morristown, NJ 07962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Daniel D. Jordan 501 Boylston Street Boston, MA 02116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Director Thomas G. Hogan, Jr. 400 Atrium Drive Somerset, NJ 08873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anthony J. Williamson One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Leo R. Brown One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  Leo R. Brown, Assistant Treasurer, 04/11/2007, 212-578-4852					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					