

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90027 004 ***150.00

DOCUMENT # M01000001749

1. Entity Name
FSF INSURANCE AGENCY LLC



Principal Place of Business
85 CHALLENGER RD
5TH FLOOR
RIDGEFIELD PARK, NJ 07660

Mailing Address
ONE MELLON CENTER
ROOM 772
PITTSBURGH, PA 15258-0001 US

20001447



DO NOT WRITE IN THIS SPACE

01032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
22-3816569

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: Mellon Human Resources Investor
STREET ADDRESS: MELLON INVESTOR SERVICES GROUP, LLC
CITY-ST-ZIP: 85 CHALLENGER RD, 7th One Mellon Center, RIDGEFIELD PARK, NJ 07660, Pittsburgh, PA 15258-0001

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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IN THIS SPACE**

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:

Joanne S. Huber

Joanne S. Huber, AT 1/7/05 412-234-1334

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

Date

Daytime Phone #