

**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**



01032005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3816569</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Mellon Human Resources Investor Solutions, Inc</i> <b>MELLON INVESTOR SERVICES GROUP, LLC</b> <b>85 CHALLENGER RD</b> <b>RIDGEFIELD PARK, NJ 07660</b> <i>One Mellon Center</i> <i>Pittsburgh, PA 15258</i>
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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: *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 #