

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001749

FILED
Jan 08, 2007
Secretary of State

Entity Name: FSF INSURANCE AGENCY LLC

Current Principal Place of Business:

NEWPORT OFFICE CENTER VII
480 WASHINGTON BLVD.
JERSEY CITY, NJ 07310

New Principal Place of Business:

Current Mailing Address:

ONE MELLON CENTER
ROOM 772
PITTSBURGH, PA 152580001 US

New Mailing Address:

FEI Number: 22-3816569 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MELLON HUM. RESOURCE, S + INVEST. SO L ., INC
Address: 772 ONE MELLON CENTER
City-St-Zip: PITTSBURGH, PA 152580001

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MELLON INVESTOR SERV, ICES HOLDINGS, LLC
Address: 772 ONE MELLON CENTER
City-St-Zip: PITTSBURGH, PA 152580001

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date