

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001749

Entity Name: FSF INSURANCE AGENCY LLC

FILED  
Jan 08, 2007  
Secretary of State

**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