



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90164 001 ****55.00

DOCUMENT # M01000002488 1. Entity Name STATE STREET GLOBAL MARKETS, LLC						
Principal Place of Business 225 FRANKLIN STREET BOSTON, MA 02110			Mailing Address 225 FRANKLIN STREET BOSTON, MA 02110			
2. Principal Place of Business ONE LINCOLN STREET Suite, Apt. #, etc. SFC/5		3. Mailing Address ONE LINCOLN STREET Suite, Apt. #, etc. SFC/5				
City & State Boston, MA		City & State Boston, MA		4. FEI Number 04-3464336		
Zip 02111		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent STYPUL, BRYAN 311 PARK PLACE BLVD., SUITE 250 CLEARWATER, FL 33759				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINDMARSH, F. CHARLES <input type="checkbox"/> Delete 225 FRANKLIN STREET BOSTON, MA 02110			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HINDMARSH, F. CHARLES ONE LINCOLN STREET, SFC/5 Boston, MA 02111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete BONN, NICHOLAS J 225 FRANKLIN STREET BOSTON, MA 02110			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BONN, NICHOLAS J. ONE LINCOLN STREET, SFC/5 Boston, MA 02111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete HANSEN, MARK 225 FRANKLIN STREET BOSTON, MA 02110			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HANSEN, MARK ONE LINCOLN STREET, SFC/5 Boston, MA 02111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: MARK HANSEN <i>Mark Hansen</i>				Date 2/9/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # (617) 664-4860		