


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M0100002488**  
 1. Entity Name  
 STATE STREET GLOBAL MARKETS, LLC



Principal Place of Business ONE LINCOLN STREET SFC/5 BOSTON, MA 02111	Mailing Address ONE LINCOLN STREET SFC/5 BOSTON, MA 02111
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**DO NOT WRITE IN THIS SPACE**

01122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3464336	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 STYPUL, BRYAN  
 311 PARK PLACE BLVD., SUITE 250  
 CLEARWATER, FL 33759

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

00000022587  
 02/10/05-80006-014 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINDMARSH, F. CHARLES ONE LINCOLN STREET, SFC/5 BOSTON, MA 02111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONN, NICHOLAS J ONE LINCOLN STREET, SFC/5 BOSTON, MA 02111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANSEN, MARK ONE LINCOLN STREET, SFC/5 BOSTON, MA 02111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 **2/2/05** **(617)664-9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #