

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90146 020 ****50.00

DOCUMENT # M01000002488

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

20005050



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
04-3464336

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STYPUL, BRYAN
311 PARK PLACE BLVD., SUITE 250
CLEARWATER, FL 33759

Name

Street Address (P.O. Box Number is Not Acceptable)

100 MAIN STREET, SUITE 301

City

SAFETY HARBOR

FL

Zip Code

34695

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

Bryan Stypul

BRYAN STYPUL

1/9/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HINDMARSH, F. CHARLES
STREET ADDRESS ONE LINCOLN STREET, SFC/5
CITY-ST-ZIP BOSTON, MA 02111

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BONN, NICHOLAS J
STREET ADDRESS ONE LINCOLN STREET, SFC/5
CITY-ST-ZIP BOSTON, MA 02111

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MANZI, VINCENT
STREET ADDRESS ONE LINCOLN ST., 5TH FL
CITY-ST-ZIP BOSTON, MA 02111

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/07 (617) 6644360