2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000000386

1. Entity Name
REICH & TANG ASSET MANAGEMENT, LLC

Principal Place of Business	Mailing Address
600 FIFTH AVE. NEW YORK, NY 10020	600 FIFTH AVE. NEW YORK, NY 10020

07072004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3778739
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

U00000170121
08/16/04-80002-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUFF, STEVEN W
STREET ADDRESS	600 FIFTH AVE.
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	MGRM
NAME	SMITH, RICHARD E III
STREET ADDRESS	600 FIFTH AVE.
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	MGRM
NAME	VOSS, PETER S
STREET ADDRESS	399 BOYLSTON ST.
CITY-ST-ZIP	BOSTON, MA 02116
TITLE	MGRM
NAME	RYLAND, G. NEAL
STREET ADDRESS	399 BOYLSTON ST.
CITY-ST-ZIP	BOSTON, MA 02116
TITLE	MGRM
NAME	BEARDON, BEVERLY
STREET ADDRESS	399 BOYLSTON ST.
CITY-ST-ZIP	BOSTON, MA 02116
TITLE	MGRM
NAME	DE SANCTIS, RICHARD
STREET ADDRESS	600 FIFTH AVE.
CITY-ST-ZIP	NEW YORK, NY 10020

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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)(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: _____ 8/4/04 212-830-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #