

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000556

FILED
Jan 05, 2005
Secretary of State

Entity Name: MCMC LLC

Current Principal Place of Business:

425 DAY HILL ROAD
WINDSOR, CT 06095

New Principal Place of Business:

425 DAY HILL ROAD
WINDSOR, CT 06095 US

Current Mailing Address:

PO BOX 770
WINDSOR, CT 060950770

New Mailing Address:

PO BOX 770
WINDSOR, CT 060950770 US

FEI Number: 80-0007091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGRM () Delete
Name: WRIGHT RISK MANAGEME, NT CO. INC.
Address: 377 OAK ST., STE. 101
City-St-Zip: GARDEN CITY, NY 115306542

Title: MGR () Delete
Name: MURDOCK, MICHAEL T
Address: 425 DAY HILL ROAD
City-St-Zip: WINSOR, CT 06095

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WRIGHT RISK MANAGEME, NT CO. INC.
Address: 333 EARLE OVINGTON BLVD, 5TH FLOOR
City-St-Zip: UNIONDALE, NY 11553 US

Title: MGR (X) Change () Addition
Name: MURDOCK, MICHAEL T
Address: 425 DAY HILL ROAD
City-St-Zip: WINSOR, CT 06095 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL T MURDOCK

PRES

01/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date