

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000000714

1. Entity Name
CITIGATE GLOBAL INTELLIGENCE AND SECURITY LLC



Principal Place of Business
850 THIRD AVENUE, 11TH FLOOR
NEW YORK, NY 10022

Mailing Address
850 THIRD AVENUE, 11TH FLOOR
NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE



06302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
30-0006687

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BISHOP, BRUCE
STREET ADDRESS 850 THIRD AVENUE, 11TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE MGR
NAME ROBINSON, PETER L
STREET ADDRESS 850 THIRD AVENUE, 11TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE MGR
NAME BROD, ERNEST
STREET ADDRESS 850 THIRD AVENUE, 11TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

1000000184120
07/07/04-80032-015 50.00

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Peter L Robinson

7/1/04

212-508-3400