

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **MO2000000714**

1. Entity Name

Citigate Global Intelligence and Security LLC



FILED

03 MAR -6 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

850 Third Avenue

Suite, Apt. #, etc.

11th Floor

City & State

New York, New York

Zip

10022

Country

USA

3. Mailing Address

850 Third Avenue

Suite, Apt. #, etc.

11th Floor

City & State

New York, New York

Zip

10022

Country

USA

4. FEI Number

30-0006687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

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

526 E. PARK AVE.

City

TALLAHASSEE

FL

Zip Code
32301

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

800014098148

03/14/03--01099--010 **80.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager
Peter L. Robinson
850 Third Avenue, 11th Floor
New York, New York 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager
Bruce E. Bishop
850 Third Avenue, 11th Floor
New York, New York 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager
Ernest Brod
850 Third Avenue, 11th Floor
New York, New York 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Peter L. Robinson

3-4-03

Date

Daytime Phone #

CR2E0838 (12/02)