

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001165

Entity Name: ASSENT LLC

**FILED**  
**Jun 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5 MARINE VIEW PLAZA  
HOBOKEN, NJ 07030

**New Principal Place of Business:**

5 MARINE VIEW PLAZA  
HOBOKEN, NJ 07030 US

**Current Mailing Address:**

5 MARINE VIEW PLAZA  
HOBOKEN, NJ 07030

**New Mailing Address:**

545 WASHINGTON BLVD  
JERSEY CITY, NJ 07310 US

FEI Number: 74-3086513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MANAGERS:**

Title: MGRM  
Name: ALLEN, JOHN  
Address: 5 MARINE VIEW PLAZA  
City-St-Zip: HOBOKEN, NJ 07030 US

Title: MGRM  
Name: WEBER, JAMES P  
Address: 5 MARINE VIEW PLAZA  
City-St-Zip: HOBOKEN, NJ 07030 US

I hereby 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: NEAL STILES

MGR

06/18/2010

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