

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003744

Entity Name: CLINIQUE SERVICES LLC

FILED
Feb 04, 2011
Secretary of State

Current Principal Place of Business:

7 CORPORATE CENTER DR. ATTN: TAX DEPT.
MELVILLE, NY 11747 US

New Principal Place of Business:

Current Mailing Address:

7 CORPORATE CENTER DR. ATTN: TAX DEPT.
MELVILLE, NY 11747 US

New Mailing Address:

FEI Number: 13-3488722

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/MANAGERS:

Title: EVPD
Name: KUNES, RICHARD W
Address: 7 CORPORATE CENTER DR. ATTN: TAX DEPT.
City-St-Zip: MELVILLE, NY 11747 US

Title: CFO
Name: KUNES, RICHARD W
Address: 7 CORPORATE CENTER DR. ATTN: TAX DEPT.
City-St-Zip: MELVILLE, NY 11747 US

Title: EVPD
Name: MOSS, SARA E
Address: 7 CORPORATE CENTER DR. ATTN: TAX DEPT.
City-St-Zip: MELVILLE, NY 11747 US

Title: P
Name: GREEN, LYNNE
Address: 7 CORPORATE CENTER DR. ATTN: TAX DEPT.
City-St-Zip: MELVILLE, NY 11747 US

Title: SVPC
Name: DOYLE, FRANK L
Address: 7 CORPORATE CENTER DR. ATTN: TAX DEPT.
City-St-Zip: MELVILLE, NY 11747 US

Title: VP
Name: SCHWECHERL, JAMES
Address: 7 CORPORATE CENTER DR. ATTN: TAX DEPT.
City-St-Zip: MELVILLE, NY 11747 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: JAMES SCHWECHERL

AS

02/04/2011

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