

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000573

FILED
Aug 04, 2008
Secretary of State

Entity Name: JOC OUTPORT LLC

Current Principal Place of Business:

400 WINDSOR CORPORATE PARK
50 MILLSTONE ROAD, SUITE 200
EAST WINDSOR, NJ 082501415

New Principal Place of Business:

Current Mailing Address:

400 WINDSOR CORPORATE PARK
50 MILLSTONE ROAD, SUITE 200
EAST WINDSOR, NJ 082501415

New Mailing Address:

FEI Number: 06-1627164

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: PD () Delete
Name: GLASS, ALAN
Address: 50 MILLSTONE ROAD, SUITE 200
City-St-Zip: EAST WINDSOR, NJ 082501415

Title: VCFO () Delete
Name: PRICE, DANA
Address: 50 MILLSTONE ROAD, SUITE 200
City-St-Zip: EAST WINDSOR, NJ 082501415

Title: VD () Delete
Name: RUSSAK, MICHAEL A JR.
Address: 600 COMMUNITY DRIVE,
City-St-Zip: MANHASSET, NY 11030

Title: V () Delete
Name: RIVERA, RICHARD
Address: 50 MILLSTONE ROAD, SUITE 200
City-St-Zip: EAST WINDSOR, NJ 082501415

Title: V () Delete
Name: SLIVKEN, KEN
Address: 50 MILLSTONE ROAD, SUITE 200
City-St-Zip: EAST WINDSOR, NJ 082501415

Title: V (X) Delete
Name: MOZARSKY, SCOTT
Address: 600 COMMUNITY DRIVE
City-St-Zip: MANHASSET, NY 11030

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP S (X) Change () Addition
Name: FOWLER, ANNMARIE
Address: 11 WEST 19TH STREET
City-St-Zip: NEW YORK, NY 10011

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANNMARIE FOWLER

VP S

08/04/2008

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