

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001487

Entity Name: WILSON GREEN HOLDCO LLC

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

50 NORTH WATER STREET SOUTH  
NORWALK, CT 06854

**New Principal Place of Business:**

50 NORTH WATER STREET  
SOUTH NORWALK, CT 06854

**Current Mailing Address:**

50 NORTH WATER STREET SOUTH  
NORWALK, CT 06854

**New Mailing Address:**

50 NORTH WATER STREET  
SOUTH NORWALK, CT 06854

FEI Number: 20-8612385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 ( ) Delete  
Name: WILSON GREEN LAND LL, C  
Address: 50 NORTH WATER STREET SOUTH  
City-St-Zip: NORWALK, CT 06854

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BARRY, MARCUS P  
Address: 50 NORTH WATER STREET  
City-St-Zip: SOUTH NORWALK, CT 06854

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: LAURA LOUIS

\_\_\_\_\_  
POA

\_\_\_\_\_  
03/20/2009

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