

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 07, 2011
Secretary of State

Entity Name: WCOT THOMPSON & BENJAMIN, LLC

Current Principal Place of Business:

8 CAMPUS DRIVE 4TH FL, ARBOR CIRCLE SOUTH
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

8 CAMPUS DRIVE 4TH FL, ARBOR CIRCLE SOUTH
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 22-1211670

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
Name: THE PRUDENTIAL INSURANCE COMPANY OF AMERIC
Address: 8 CAMPUS DRIVE 4TH FL, ARBOR CIRCLE SOUTH
City-St-Zip: PARSEIPPANY, NJ 07054

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: PATRICIA STILES

VP

01/07/2011

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