

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007266

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** INSTITUTIONAL LIFE SERVICES, LLC

**Current Principal Place of Business:**

340 MADISON AVENUE, 19TH FLOOR  
NEW YORK, NY 10173

**New Principal Place of Business:**

340 MADISON AVENUE, 20TH FLOOR  
NEW YORK, NY 10173

**Current Mailing Address:**

500 W. MADISON STREET  
SUITE 2400  
CHICAGO, IL 60661

**New Mailing Address:**

**FEI Number:** 26-1483465      **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: MGR  
Name: BIBLIOWICZ, JESSICA  
Address: 340 MADISON AVENUE, 20TH FLOOR  
City-St-Zip: NEW YORK, NY 10173

Title: MGR  
Name: HAMMOND, DOUGLAS  
Address: 340 MADISON AVENUE, 20TH FLOOR  
City-St-Zip: NEW YORK, NY 10173

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: DOUGLAS HAMMOND      MGR      04/28/2010

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