2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# M08000000344

Entity Name: ST. JAMES GIBG LLC

Current Principal Place of Business:

50 NORTH WATER ST.
SOUTH NORWALK, CT 06854

New Principal Place of Business:

50 NORTH WATER STREET
SOUTH NORWALK, CT 06854

Current Mailing Address:

50 NORTH WATER ST.
SOUTH NORWALK, CT 06854

New Mailing Address:

50 NORTH WATER STREET
SOUTH NORWALK, CT 06854

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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	( ) Delete
Name:	GORAB, EUGENE A	
Address:	50 NORTH WATER ST.	
City-St-Zip:	SOUTH NORWALK, CT 06854	
Title:	MGR	(X) Delete
Name:	SOTTER, DEAN A	
Address:	676 N. MICHIGAN	
City-St-Zip:	CHICAGO, IL 60911	
Title:	MGR	(X) Delete
Name:	ALTIERI, PAUL	
Address:	50 NORTH WATER ST.	
City-St-Zip:	SOUTH NORWALK, CT 06854	
Title:	MGR	(X) Delete
Name:	MARCUS, BARRY	
Address:	50 NORTH WATER ST.	
City-St-Zip:	SOUTH 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	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: LAURA LOUIS POA 03/20/2009

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