2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001581

Name:

Address:

City-St-Zip:

300 FRANK W. BURR BLVD.

TEANECK, NJ 07666

Entity Name: NEC FINANCIAL SERVICES, LLC

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 300 FRANK W. BURR BLVD. 1 PARK 80 PLAZA WEST TEANECK, NJ 07666 3RD FLOOR SADDLE BROOK, NJ 076635806 **Current Mailing Address: New Mailing Address:** 300 FRANK W. BURR BLVD. 6535 NORTH STATE HIGHWAY, 161 TEANECK, NJ 07666 TAX DIVISION IRVING, TX 75039 FEI Number: 13-3224311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete IMAL MAKOTO Name: Name: Address: 6535 NORTH STATE HIGHWAY 161 Address: City-St-Zip: **IRVING, TX 75039** City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: OGINO, YASUTOSHI Name: Address: 7-1. SHIBA 5-CHOME, MINATO-KU Address: City-St-Zip: TOKYO 108/8001, JAPAN, City-St-Zip: Title: MGR () Delete Title: () Change () Addition MATSUYAMA, SOICHIRO Name: Name: 6535 NORTH STATE HIGHWAY 161 Address: Address: City-St-Zip: IRVING, TX 75039 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SALAN, HERSCHEL

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SOICHIRO MATSUYAMA 04/08/2009