

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002023

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: O'BRIEN & GERE OPERATIONS, LLC

**Current Principal Place of Business:**

5000 BRITTONFIELD PARKWAY  
SYRACUSE, NY 132214873

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4873  
SYRACUSE, NY 132214873

**New Mailing Address:**

FEI Number: 20-8915815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: JONES, KENNETH  
Address: 512 E. TOWNSHIP LINE ROAD, SUITE 120  
City-St-Zip: BLUE BELL, PA 19422

Title: MGR ( ) Delete  
Name: SUTPHEN, JOHN  
Address: P.O. BOX 4873  
City-St-Zip: SYRACUSE, NY 13221

Title: MGR ( ) Delete  
Name: MCNULTY, JOSEPH  
Address: P.O. BOX 4873  
City-St-Zip: SYRACUSE, NY 13221

Title: MGR ( ) Delete  
Name: ELIAS, DAN  
Address: 411 THEODORE FREMD AV.  
City-St-Zip: RYE, NY 10580

Title: MGR ( ) Delete  
Name: MOSSNER, JUERGEN  
Address: 4 MANHATTANVILLE ROAD  
City-St-Zip: PURCHASE, NY 10577

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN SUTPHEN

MGR

04/06/2009

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