



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90187 048 \*\*\*\*50.00

<b>DOCUMENT # M98000000308</b> 1. Entity Name <b>BNY ASSET SOLUTIONS LLC</b>									
Principal Place of Business <b>600 EAST LAS COLINAS BLVD., SUITE 1300 IRVING, TX 75039</b>			Mailing Address <b>28 EAST 28TH STREET 8TH FLR NEW YORK, NY 10016</b>						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>100 Church St 9 Floor</b>		<div style="font-size: 24px; font-weight: bold;">24009003</div> 					
City & State <b>New York, NY</b>		4. FEI Number <b>75-2743000</b>							
Zip <b>10286</b>		Country <b>USA</b>							
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>						
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>FERRARIS, MARK</b> <b>101 BARCLAY ST</b> <b>NEW YORK, NY 10286</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <b>Brian Rogan</b> <b>101 Barclay St</b> <b>NEW YORK, NY 10286</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONRAD, LORAL R</b> <b>600 EAST LAS COLINAS BLVD</b> <b>IRVING, TX 75039</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEYS, SCOTT</b> <b>600 EAST LAS COLINAS BLVD</b> <b>IRVING, TX 75039</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Michael Cocanougher</b> <b>600 East Las Colinas Blvd</b> <b>Irving, TX 75039</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MASTRO, THOMAS J</b> <b>ONE WALL ST</b> <b>NEW YORK, NY 10286</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BICKET, PATRICIA A</b> <b>ONE WALL ST</b> <b>NEW YORK, NY 10286</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ORTIZ, EDGAR</b> <b>100 CHURCH STREET</b> <b>NEW YORK, NY 10286</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.									
<b>SIGNATURE:</b> _____ <b>1/23/04</b> <b>(212) 437-5558</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>									