

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90164 018 \*\*\*\*50.00

20025483



03142005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # M98000000308</b>					
1. Entity Name BNY ASSET SOLUTIONS LLC					
Principal Place of Business 600 EAST LAS COLINAS BLVD., SUITE 1300 IRVING, TX 75039			Mailing Address 100 CHURCH STREET, 9TH FLOOR NEW YORK, NY 10286		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		1 Wall Street			
City & State		32nd Floor			
Zip		City & State		New York, NY	
Country		Zip		Country	
		10286		USA	
4. FEI Number 75-2743000			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROGAN, BRIAN 101 BARCLAY ST NEW YORK, NY 10286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONRAD, LORAL R 600 EAST LAS COLINAS BLVD IRVING, TX 75039	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCANOUGH, MICHAEL 600 EAST LAS COLINAS BLVD IRVING, TX 75039	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASTRO, THOMAS J ONE WALL ST NEW YORK, NY 10286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BICKET, PATRICIA A ONE WALL ST NEW YORK, NY 10286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTIZ, EDGAR 100 CHURCH STREET NEW YORK, NY 10286	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stephen K. O'Neal 600 East Las Colinas Blvd Irving, TX 75039	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Scott F. Posner 101 Barclay Street New York, NY 10286	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Anthony Zangre 1 Wall Street New York, NY 10286	<input checked="" 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.					
SIGNATURE: <u>Anthony Zangre</u> - Anthony Zangre <sup>3/22/05</sup> (212) 635-6648					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					