


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M98000000585 1. Entity Name GRAYBAR FINANCIAL SERVICES LLC				 FILED 04 MAY -7 AM 11:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1 CIT DRIVE LIVINGSTON NJ 07039			Mailing Address 1 CIT DRIVE 1320-1 LIVINGSTON NJ 07039		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3420237	
Zip		Country		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) 900035752319 City 05/07/04 01047 001 **3250 00 FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, JON 34 N MEXAMEC AVE P.O. BOX 7231 SAINT LOUIS MO 63144	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member CIT FINANCIAL USA, INC. 1 CIT DRIVE LIVINGSTON, NJ 07039	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWD, THOMAS 34 N MEXAMEC AVE P.O. BOX 7231 SAINT LOUIS MO 63144	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER GRAYBAR FINANCIAL SERVICES, INC. 34 N. MERAMAC AVE. ST. LOUIS, MO. 63144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YANDELL, CLYDE 4600 TOUCHTON RD., BLDG 100, STE 300 JACKSONVILLE FL 32246	<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	MGR DAVIS, TAWNYA 34 NORTH MERAMAC AVENUE ST LOUIS MO 63144	<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	MGR JAEGER, STUART 34 NORTH MERAMAC AVENUE ST LOUIS MO 63144	<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	MGR MASULLI, RICHARD 4600 TOUCHTON ROAD BLDG 100, ST 300 JACKSONVILLE FL 32246	<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.					
SIGNATURE: <i>Linda Seufert</i> LINDA SEUFERT, ASST. SECY. OF MEMBER, CIT FINANCIAL USA, INC. 4/30/2004 (973) 740-5796 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					