



FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90046 018 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000000585					
1. Entity Name GRAYBAR FINANCIAL SERVICES LLC					
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		
Zip	Country	Zip	Country	4. FEI Number 04-3420237	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				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					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	REED, JON				
STREET ADDRESS	34 N MEXAMEC AVE P.O. BOX 7231				
CITY-ST-ZIP	SAINT LOUIS, MO 63144				
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	DOWD, THOMAS				
STREET ADDRESS	34 N MEXAMEC AVE P.O. BOX 7231				
CITY-ST-ZIP	SAINT LOUIS, MO 63144				
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	YANDELL, CLYDE				
STREET ADDRESS	4600 TOUCHTON RD., BLDG 100, STE 300				
CITY-ST-ZIP	JACKSONVILLE, FL 32246				
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	DAVIS, TAWNYA				
STREET ADDRESS	34 NORTH MERAMAC AVENUE				
CITY-ST-ZIP	ST LOUIS, MO 63144				
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	JAEGER, STUART				
STREET ADDRESS	34 NORTH MERAMAC AVENUE				
CITY-ST-ZIP	ST LOUIS, MO 63144				
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	MASULLI, RICHARD				
STREET ADDRESS	4600 TOUCHTON ROAD BLDG 100, ST 300				
CITY-ST-ZIP	JACKSONVILLE, FL 32246				
10. ADDITIONS/CHANGES					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS	34 N. Meramec Ave P.O. Box 7231				
CITY-ST-ZIP					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS	34 N. Meramec Ave. P.O. Box 7231				
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  4/28/05 904 620 7351					
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					