

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001685

1. Entity Name
LIBERTY LIFE SECURITIES LLC



Principal Place of Business
**100 LIBERTY WAY
DOVER, NH 03820 US**

Mailing Address
**100 LIBERTY WAY
DOVER, NH 03820 US**



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0507965

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LANGWELL, DENNIS J
175 BERKELEY STREET
BOSTON, MA 02117**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CORDRIN, JAMES PAUL III
175 BERKELEY STREET
BOSTON, MA 02117**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FONTANES, ANTHONY A
175 BERKELEY STREET
BOSTON, MA 02117**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MANSFIELD, CHRISTOPHER C
175 BERKELEY STREET
BOSTON, MA 02117**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TYMOCHKO, JOHN A
100 LIBERTY WAY
DOVER, NH 03820**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John A Tymochko, Manager 1/14/04 603-749-2000