

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

(R.I.G.L. 7-16-66 (b&c)) is subje	ct to a penalty fee of \$25.00.				•
000155155 2.E	xact name of the limited had	ell Glob	al Finance	110	· · · · · · · · · · · · · · · · · · ·
3. State of Formation 4. Brief description of the character of the husiness where SCIVES as CONTRACTA			ich is actually conducted in Rhode Island of Porty for Credit related in Vestment		
5. Principal office address  O CO UMBIA Rd  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			Morristown	State J	<sup>zip</sup> 07962
Contact Name   H B A	ownskin	COMPANY AND NAMI	Contact Title		
101 Columbia Rd			Morristown	State N J	2ip 07962
7. NAME AND ADDRESS	OF EACH MANAGER FILL IN SPACE	OF THE LIMITED LIAB ES BEFORE USING AT	SILITY COMPANY, IF APPLICATION OF A STATE OF	CABLE - DO NOT LIS	T MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	<i>2</i> ір	City	State	Zip
Manager Name	***************************************	•••••••••••••••••••••••••••••••••••••••	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN 1 This information is currently		e of the Secretary of State	. Changes require filing of Form	n 642 PIGI 716 II	•
	Corpora 222-Je	tion Ser flerson Blud.	vice Coupar Suite 200 Tsland	77	
			0	2008	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED
Check No.	NOV 16 2009
By:	By 233081
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

PauloPyrunden
Signature of Authorized Person

10/30/49

Paul H. Brownstein

Assistant V.P. - Taxes

Print or Type Name of Authorized Person