STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
140369	FSA Membership Services, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Real Estate

5. Principal office address	City	State	Zip
1 Campus Drive	Parsippany	NJ	07054

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Gayle Kinney	Coordinator

Street Address	City	State	Zip
1 Campus Drive	Parsippany	NJ	07054

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS - *"X" BOX FOR ATTACHMENT* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Michael R. Good	1 Campus Drive	Parsippany	NJ	07054
Alexander E. Perriello III	1 Campus Drive	Parsippany	NJ	07054

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
Corporation Service Company	Suite 200	Warwick	02888
222 Jefferson Boulevard			

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

140369

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.

8-22-06
Signature of Authorized Person *Date*

Alexander E. Perriello III
Print or Type Name of Authorized Person

FILED
File Date OCT 13 2006
Check No.
By: BY: DOR 12-4313
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02