

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**



04-26-2007 90220 029 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

40084046



04162007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F03000000877</b>			
1. Entity Name LITTLER MENDELSON, P.C.		Principal Place of Business 650 CALIFORNIA STREET, 20TH FLOOR SAN FRANCISCO, CA 94108	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 650 CALIFORNIA STREET, 20TH FLOOR SAN FRANCISCO, CA 94108	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 94-2802731		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MRKONICH, MARKO J 33 SOUTH 8TH STREET, SUITE 3110 MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mrkonich, Marko J. 80 South 8th Street Minneapolis, MN 55402 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSSEY, PETER A 1150 17TH STREET, NW, SUITE 900 WASHINGTON, DC 20036 <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	T WALSH, MARGUERITE S 1601 CHERRY STREET, SUITE 1400 PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Walsh, Marguerite S. 1601 Cherry Street, Suite 900 Philadelphia, PA 19102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARCHET, BRUCE J 2520 VENTURE OAKS WAY, SUITE 390 SACRAMENTO, CA 95833 <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	C TICE-WALLNER, WENDY L 850 CALIFORNIA STREET, 20TH FLOOR SAN FRANCISCO, CA 94108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Millman, Robert F. 2049 Century Park East, 5th Floor Los Angeles, CA 90067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MILLMAN, ROBERT F 2049 CENTURY PARK EAST, 5TH FLOOR LOS ANGELES, CA 90067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman Mathiason, Gary 650 California Street, 20th Floor San Francisco, CA 94108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appropriate, with all other persons empowered.			
SIGNATURE: 		RICHARD N. HILL, OFFICE MANAGING 4/16/07 (415) 433-1940 DATE DAYTIME PHONE #	