

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000877

FILED
Feb 16, 2011
Secretary of State

Entity Name: LITTLER MENDELSON, P.C.

Current Principal Place of Business:

650 CALIFORNIA STREET, 20TH FLOOR
SAN FRANCISCO, CA 94108

New Principal Place of Business:

Current Mailing Address:

80 S. 8TH STREET
SUITE 1300
MINNEAPOLIS, MN 55402

New Mailing Address:

FEI Number: 94-2602731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MRKONICH, MARKO J
Address: 80 S 8TH ST; STE 1300
City-St-Zip: MINNEAPOLIS, MN 55402

Title: S
Name: SUSSER, PETER A
Address: 1150 17TH STREET, NW, SUITE 900
City-St-Zip: WASHINGTON, DC 20036

Title: T
Name: WALSH, MARGUERITE S
Address: 1601 CHERRY ST SUITE 900
City-St-Zip: PHILADELPHIA, PA 19102

Title: VP
Name: SARCHET, BRUCE J
Address: 2520 VENTURE OAKS WAY, SUITE 390
City-St-Zip: SACRAMENTO, CA 95833

Title: C
Name: MILLMAN, ROBERT F
Address: 2049 CENTURY PARK E 5TH FL
City-St-Zip: LOS ANGELES, CA 90067

Title: VC
Name: MATHIASON, GARRY
Address: 650 CALIFORNIA ST 20TH FL
City-St-Zip: SAN FRANCISCO, CA 94103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARKO J. MRKONICH

PRES

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date