

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005445

**Entity Name:** THE J.R. CLARKSON COMPANY LLC

**Current Principal Place of Business:**

10707 CLAY ROAD  
SUITE 200  
HOUSTON, TX 77041

**Current Mailing Address:**

5500 WAYZATA BLVD, STE 800  
GOLDEN VALLEY, MN 55416 US

**FEI Number:** 94-1449678

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name LAGESON, ANGELA  
Address 5500 WAYZATA BLVD, STE 800  
City-State-Zip: GOLDEN VALLEY MN 55416

Title MANAGER, TREASURER  
Name BORIN, MARK  
Address 5500 WAYZATA BLVD, STE 800  
City-State-Zip: GOLDEN VALLEY MN 55416

Title MANAGER, PRESIDENT  
Name STEVENS, CHRIS  
Address 5500 WAYZATA BLVD, STE 800  
City-State-Zip: GOLDEN VALLEY MN 55416

Title ASST. SECRETARY  
Name MESARICK, STEVEN  
Address 5500 WAYZATA BLVD, STE 800  
City-State-Zip: GOLDEN VALLEY MN 55416

Title SECRETARY  
Name STOKES, JASON  
Address 5500 WAYZATA BLVD, STE 800  
City-State-Zip: GOLDEN VALLEY MN 55416

Title VP FINANCE  
Name CARLE, JUDY  
Address 5500 WAYZATA BLVD, STE 800  
City-State-Zip: GOLDEN VALLEY MN 55416

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELA D. LAGESON

**MANAGER**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date