

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000732

1. Entity Name
CVC EXCHANGE L.L.C.

FILED

01 APR 30 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1405 XENIUM LANE NORTH
PLYMOUTH MN 55441

Mailing Address

P.O. BOX 59159
ATTN: TAX DEPT.
MINNEAPOLIS MN 55459-1250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARLSON VACATION OWNERSHIP, INC.
1405 XENIUM LANE NORTH
PLYMOUTH MN 55441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
7000042206
-05/16/01--01087--018
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Darrell M. Hamann

Darrell M. Hamann - V.P. - Tax

4-10-01

763-212-2920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

CVC-EXCHANGE, LLC

<u>Office</u>	<u>Name</u>	<u>Address</u>
Chair of the Board	Marilyn Carlson Nelson	1405 Xenium Lane, Plymouth, MN 55441
President & CEO	Eric A. Danziger	1405 Xenium Lane, Plymouth, MN 55441
Senior Vice President	Amy Isom	1405 Xenium Lane, Plymouth, MN 55441
Vice President - CFO	Trudy A. Rautio	1405 Xenium Lane, Plymouth, MN 55441
Vice President - Treasurer	John M. Diracles, Jr.	1405 Xenium Lane, Plymouth, MN 55441
Vice President-Tax	Darrel M. Hamann	1405 Xenium Lane, Plymouth, MN 55441
Secretary	Ralph Beha	1405 Xenium Lane, Plymouth, MN 55441
Governor	Marilyn Carlson Nelson	1405 Xenium Lane, Plymouth, MN 55441
Governor	Curtis C. Nelson	1405 Xenium Lane, Plymouth, MN 55441

CVC.Exchange
April 2001 Listing