

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90027 006 \*\*\*\*50.00

913497



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M00000001522**

1. Entity Name  
**WH INVESTMENTS LLC**

Principal Place of Business <b>527 MARQUETTE AVE., STE. 1000          MINNEAPOLIS MN 55402</b>	Mailing Address <b>527 MARQUETTE AVE., STE. 1000          MINNEAPOLIS MN 55402</b>
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2. Principal Place of Business <b>50 South 6th Street</b> Suite, Apt. #, etc. <b>Suite 1480</b> City & State <b>Minneapolis, MN</b> Zip <b>55402</b> Country <b>USA</b>	3. Mailing Address <b>50 South 6th Street</b> Suite, Apt. #, etc. <b>Suite 1480</b> City & State <b>Minneapolis, MN</b> Zip <b>55402</b> Country <b>USA</b>
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4. FEI Number <b>41-1979898</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.**  
**528 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

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.

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>HAUSER, RICHARD J</b> <b>527 MARQUETTE AVE., STE. 1000</b> <b>MINNEAPOLIS MN 55402</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>WOZNIAK, DANIEL D JR.</b> <b>527 MARQUETTE AVE., STE. 1000</b> <b>MINNEAPOLIS MN 55402</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED Controller 1-16-02 612-313-0120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)