

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

**527 MARQUETTE AVE., STE. 1000
 MINNEAPOLIS MN 55402**

Mailing Address

**527 MARQUETTE AVE., STE. 1000
 MINNEAPOLIS MN 55402**

2. Principal Place of Business

**50 South 6th Street
 Suite 1480**

3. Mailing Address

**50 South 6th Street
 Suite 1480**

City & State
Minneapolis, MN

Zip Country
55402 USA

City & State
Minneapolis, MN

Zip Country
55402 USA

4. FEI Number **41-1979898**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 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 ☐ Delete
 NAME **MEM HAUSER, RICHARD J**
 STREET ADDRESS **527 MARQUETTE AVE., STE. 1000**
 CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE ☐ Delete
 NAME **MEM WOZNIAK, DANIEL D JR.**
 STREET ADDRESS **527 MARQUETTE AVE., STE. 1000**
 CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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

Controller

Date

Daytime Phone #

1-16-02 612-313-0120

CR2E083 (9/01)