

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002181

FILED
Apr 19, 2005
Secretary of State

Entity Name: CLC EQUIPMENT LLC

Current Principal Place of Business:

301 CARLSON PKWY., STE. 102
MINNETONKA, MN 55305

New Principal Place of Business:

301 CARLSON PARKWAY, SUITE 102
MINNETONKA, MN 55305

Current Mailing Address:

ATTN: TAX DEPARTMENT
P.O. BOX 59159
MINNEAPOLIS, MN 554598250

New Mailing Address:

FEI Number: 41-1958726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MEMBERS:

Title: SVP () Delete
Name: HERREID, MARK
Address: 301 CARLSON PKWY., STE. 102
City-St-Zip: MINNETONKA, MN 55305

Title: V () Delete
Name: HAMANN, DARREL M
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: S () Delete
Name: WEIGMAN, DAVID L
Address: 301 CARLSON PKWY., STE. 102
City-St-Zip: MINNETONKA, MN 55305

Title: D () Delete
Name: NELSON, MARILYN C
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: MGRM () Delete
Name: CARLSON, ARLEEN M
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERREID, MARK
Address: 301 CARLSON PARKWAY, SUITE 102
City-St-Zip: MINNETONKA, MN 55305

Title: MGR (X) Change () Addition
Name: HAMANN, DARREL M
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: MGR (X) Change () Addition
Name: WEIGMAN, DAVID L
Address: 301 CARLSON PARKWAY, SUITE 102
City-St-Zip: MINNETONKA, MN 55305

Title: MGR (X) Change () Addition
Name: NELSON, MARILYN C
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: MARK HERREID

MGR

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date