2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # M01000002089 01-17-2006 90061 040 ****50.00 MES INSURANCE AGENCY, LLC Mailing Address Principal Place of Business 10900 WAYZATA BOULEVARD 10900 WAYZATA BOULEVARD 20000911 MINNETONKA, MN 55305 MINNETONKA, MN 55305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 41-2001344 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change ☐ Addition X Delete TITLE TITLE NAME HOULINAN, WILLIAM A See Attached List STREET ADDRESS 10900 WAYZATA BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MINNETONKA, MN 55305 MGR ☐ Change ☐ Addition TITLE Delete TITLE WESSELINK, DAVID D NAME NAME STREET ADDRESS STREET ADDRESS 10900 WAYZATA BOULEVARD CITY-ST-ZIP MINNETONKA, MN 55304 CITY-ST-ZIP MGR X Delete ☐ Chance ☐ Addition TITLE TITLE OLSON, DAVID L NAME NAME STREET ADDRESS 10900 WAYZATA BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MINNETONKA, MN 55305 X Delete TITLE □ Change ■ Addition TITLE MGR GOTTWALT, THOMAS J NAME NAME 10900 WAYZATA BOULEVARD STREET ADDRESS STREET ADDRESS MINNETONKA, MN 55304 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE MGR Delete WAGENER, MARK P NAME NAME 10900 WAYZATA BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNETONKA, MN 55304 CITY-ST-ZIP **Delete** ☐ Change ☐ Addition MGR TITLE TITLE EVANS, RICHARD G NAME NAME 10900 WAYZATA BOULEVARD STREET ADDRESS STREET ADDRESS MINNETONKA, MN 55304 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED Jan 17, 2006 8:00 am

Barbra R. Marwin, 435 t. Secty.

SIGNATURÉ

ATTACHMENT

		20000911 # Walkanaaa										
MES Officer and Director Listing	Business Address	1441 Schilling Place, Salinas, CA 93901	1441 Schilling Place, Salinas, CA 93901	1441 Schilling Place, Salinas, CA 93901	200 Somerset Blvd., Suite 100	Bridgewater, NJ 08807	200 Somerset Blvd., Suite 100, Bridgewater, NJ 08807	1441 Schilling Place, Salinas, CA 93901	1441 Schilling Place, Salinas, CA 93901	200 Somerset Blvd., Suite 100, Bridgewater, NJ 08807	10900 Wayzata Blvd., Minnetonka, MN 55305	
	Social Security Number	567-88-3760	371-52-1957	337-80-3871	136-52-4001		156-64-7584	370-17-9052	303-50-2484	456-90-8071	470-90-1683	
	Title	Governor/Vice President, Controller & Treasurer	Governor/Vice President	Governor/Chief Manager	Governor		Vice President & Secretary	Vice President	Vice President	Vice President	Assistant Secretary	
	Name	Sharon L. Fugitt	Thomas M. Kimble	John S Harvey	Patrick A. Cozza		Anthony J. Del Piano	Rakesh Verma	Margaret A. Sprude	Charles E. Compton,III	Barbra R. Merwin	Rev. 1/9/2006