

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000002093

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** VECTOR RISK ANALYSIS, LLC

**Current Principal Place of Business:**

2800 WEST 44TH STREET, UNIT 602  
MINNEAPOLIS, MN 55410

**New Principal Place of Business:**

**Current Mailing Address:**

2800 WEST 44TH STREET, UNIT 602  
MINNEAPOLIS, MN 55410

**New Mailing Address:**

**FEI Number:** 41-1984226

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

BENEDETTI, GUSTAVO M  
14814 SW 45 LANE  
MIAMI, FL 33185 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: MGR ( ) Delete  
Name: CARROLL, HOBSON D  
Address: 2800 WEST 44TH STREET, UNIT 602  
City-St-Zip: MINNEAPOLIS, MN 55410

**ADDITIONS/CHANGES:**

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: HOBSON D. CARROLL

MGR

04/29/2002

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