2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# M02000000735

Entity Name: PARSONS ELECTRIC LLC

Current Principal Place of Business:

5960 MAIN ST. NE
MINNEAPOLIS, MN 55432

New Principal Place of Business:

Current Mailing Address:

5960 MAIN ST. NE
MINNEAPOLIS, MN 55432

New Mailing Address:

FEI Number: 06-1635069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MORYN, JOEL	
Address:	5960 MAIN ST. NE	
City-St-Zip:	MINNEAPOLIS, MN 55432	
Title:	MGRM	( ) Delete
Name:	NORTHQUEST, MICHAEL	
Address:	5960 MAIN ST. NE	
City-St-Zip:	MINNEAPOLIS, MN 55432	
Title:	MGRM	(X) Delete
Name:	MORYN, JEFF	
Address:	5960 MAIN ST NE	
City-St-Zip:	MINNEAPOLIS, MN 55432	
Title:	MGRM	(X) Delete
Name:	JANDRO, STEVEN	
Address:	5960 MAIN ST NE	
City-St-Zip:	MINNEAPOLIS, MN 55432	
Title:	MGRM	(X) Delete
Name:	KARSKY, DAVID	
Address:	5960 MAIN ST NE	
City-St-Zip:	MINNEAPOLIS, MN 55432	
Title:	MGRM	(X) Delete
Name:	STONE, STEVEN	
Address:	5960 MAIN ST NE	
City-St-Zip:	MINNEAPOLIS, MN 55432	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL NORTHQUEST CFO 04/24/2009

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