2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State 01-20-2004 90206 023 ****50.00

DOCUMENT # M02000002185 1. Entity Name DESPATCH HOLDINGS, LLC								01-20)-2004 9	90206 02	23 ****50	.00		
Principal Place of Business 63 ST. ANTHONY PARKWAY MINNEAPOLIS, MN 55418			Mailing Address 63 ST. ANTHONY PARKWAY MINNEAPOLIS, MN 55418				41-41-41							
2. Principal Place of Business 8860 207 th St. W.			3. Mailing Address BB60 207 12 St. W.			 ر								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01062004	Chg-	LLC	CR2E	083 (10/03)			
Lakeville, MN			City & State Lakeville	7N		4. FEI Numb 41-021	-				plied For t Applicable			
55044 Country USA			zip 55044	Country	JSA.		5. Certificate	e of Status	Desired		\$5.00 Add Fee Required			
	6. Name and Address	of Current F	legistered Agent		Name		7. Name an	d Address	of New R	legistered	Agent			
CORPORA	ATION SERVICE COM S STREET		⊢	Street Address (P.O. Box Number is Not Acceptable)										
TALLAHASSEE, FL 32301-2525				-										
			-	City					FL	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. I am familiar with, and accept the obligations of registered agent.														
SIGNATURE														
		900000		- Togloto	g a.g.					 .				
Fi D	ling Fee is \$50.00 ue by May 1, 2004									payable to nent of State	,			
9.	MANAGI MGR	NG MEMBER	RS/MANAGERS	10.				Al	DDITIONS	/CHANGES				
TITLE NAME	PEYTON, PATRICK J		☐ Delete	TITLE NAME							Change Change	Addition		
STREET ADORESS City-St-Zip							860 2674 St. W. akeuille, mN 55044							
TITLE	MGR	DINIT A	☐ Delete	TITLE NAME							Change	Addition		
NAME STREET ADDRESS	RONNINGEN, GERALDINE A 63 ST. ANTHONY PARKWAY				etadoress 8000 207 to St				ω .					
CITY-ST-ZIP	MINNIEAPOLIS, MN 5	CITY-ST	-ZIP	aK	euille,	mn	550	44	5					
TITLE NAME	MGR WONG, JULIE A		☐ Delete	TITLE NAME							Change	Addition .		
STREET ADDRESS CITY-ST-ZIP	63 ST. ANTHONY PAR MINNIEAPOLIS, MN 5			STREET A	ADDRESS 8	386C	aon the	らし. (ル. 550	44				
TITLE			Delete	TITLE							Change	Addition		
NAME STREET ADDRESS					ADDRESS									
CITY-ST-ZIP			☐ Delete	CITY-ST	- ZIP				·		☐ Change	Addition		
NAME			La Delete	NAME										
STREET ADDRESS CITY-ST-ZIP				STREET A	ADDRESS 1-zip							·		
TITLE			Delete	TITLE							Change	Addition		
NAME STREET ADDRESS				NAME STREET	ADDRESS									
CITY-ST-ZIP				CITY-ST										
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.														
Total of the state														
SIGNAT	SIGNATURE AND TYPED OR PR	NTED NAME OF	SIGNATURE: 17/64 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Prone *											