2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# M03000000905

Entity Name: CWT, L.L.C.

Current Principal Place of Business:

701 CARLSON PARKWAY
MINNETONKA, MN 55305

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 56-2314825 **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/MANAGERS:

Title: MGR ( ) Delete
Name: HOGAN, GERALD W
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: MGR ( ) Delete
Name: KOETTING, MICHAEL T
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: MGR ( ) Delete
Name: O'NEILL, JOHN H
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 T. KOETTING MGR 04/24/2007

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