

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M05000000234

**FILED**  
**May 27, 2010**  
**Secretary of State**

**Entity Name:** CAPITAS FINANCIAL, LLC

**Current Principal Place of Business:**

200 COON RAPIDS BLVD. NW  
SUITE 300  
MINNEAPOLIS, MN 55433

**New Principal Place of Business:**

**Current Mailing Address:**

200 COON RAPIDS BLVD. NW  
SUITE 300  
MINNEAPOLIS, MN 55433

**New Mailing Address:**

**FEI Number:** 75-2933138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: D  
Name: MOHR, BLAKE  
Address: 200 COON RAPIDS BLVD. NW SUITE 300  
City-St-Zip: MINNEAPOLIS, MN 55433

Title: D  
Name: RUSHING, R. MARK  
Address: 9200 KEYSTONE CROSSING, STE 400  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: D  
Name: BROWRE, TERRY A VP FINA  
Address: 200 COON RAPIDS BLVD. NW SUITE 300  
City-St-Zip: MINNEAPOLIS, MN 55433

Title: D  
Name: BROWER, CHARLES D NA  
Address: 200 COON RAPIDS BLVD, NW SUITE 300  
City-St-Zip: MINNEAPOLIS, MN 55433

I hereby 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:** TERRY BROWER

D

05/27/2010

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