
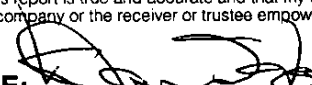


FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90421 036 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000003575					
1. Entity Name ACCERIS MANAGEMENT AND ACQUISITION LLC					
Principal Place of Business 60 SOUTH 5TH STREET, SUITE 2535 MINNEAPOLIS, MN 55402			Mailing Address 60 SOUTH 5TH STREET, SUITE 2535 MINNEAPOLIS, MN 55402		
2. Principal Place of Business - No P.O. Box # 1910 Cochran Rd. Manor Oak-2			3. Mailing Address 1910 Cochran Rd. Manor Oak-2		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Pittsburgh, PA			City & State Pittsburgh, PA		
Zip 15220		Country USA		Zip 15220	
Country USA		4. FEI Number 20-2855923			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANTON, EDWIN F 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAER, ELAM 60 SOUTH 5TH STREET, SUITE 2535 MINNEAPOLIS, MN 55402	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dan Hogan 1910 Cochran Rd. Manor Oak-2 Suite 335 Pittsburgh, PA 15220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAURA CONRAD CARLSON 60 SOUTH 5TH STREET, SUITE 2535 MINNEAPOLIS, MN 55402	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1910 Cochran Rd. Manor Oak-2 Suite 335 Pittsburgh, PA 15220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: 			- DAN Hogan - VPTAXATION 5/1/07 612-465-0270		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		