2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2006
Secretary of State

DOCUMENT# M05000006718

Entity Name: TECHWISE SOLUTIONS, LLC

Current Principal Place of Business:

406 MAIN AVE STE 3000
FARGO, ND 58103

New Principal Place of Business:

Current Mailing Address:

406 MAIN AVE STE 3000
FARGO, ND 58103

New Mailing Address:

FEI Number: 51-0423169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	FINLEY, PAUL	
Address:	5601 GREEN VALLEY DR STE 700	
City-St-Zip:	MINNEAPOLIS, MN 554371145	
Title:	MGR	( ) Delete
Name:	KIND, DAN	
Address:	5601 GREEN VALLEY DR STE 700	
City-St-Zip:	MINNEAPOLIS, MN 554371145	
Title:	MGR	( ) Delete
Name:	KOST, SCOTT	
Address:	406 MAIN AVE STE 3000	
City-St-Zip:	FARGO, ND 58103	
Title:	MGR	(X) Delete
Name:	RATH, DAROLD	
Address:	406 MAIN AVE STE 3000	
City-St-Zip:	FARGO, ND 58103	
Title:	MGR	( ) Delete
Name:	STRAND, JEFF	
Address:	200 E 10TH ST STE 500	
City-St-Zip:	SIOUX FALLS, SD 57104	
Title:	MGR	( ) Delete
Name:	TOPP, JERRY	
Address:	406 MAIN AVE STE 3000	
City-St-Zip:	FARGO, ND 58103	

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 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: JERRY TOPP MGR 06/16/2006

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