## 2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# M05000006850

**Entity Name: PRIME THERAPEUTICS LLC** 

FILED May 03, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1305 CORPORATE CENTER DRIVE EAGAN, MN 55121

Current Mailing Address: New Mailing Address:

P.O. BOX 64812 1305 CORPORATE CENTER DRIVE ST. PAUL, MN 55164 EAGAN, MN 55121

FEI Number: 26-0076803 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:

Name: CRILL, TIM J

Address: 1305 CORPORATE CENTER DRIVE

City-St-Zip: EAGAN, MN 55121

Title: CFO

Name: ROEHRICK, CHARLES

Address: 1305 CORPORATE CENTER DRIVE

City-St-Zip: EAGAN, MN 55121

Title: CEOP

Name: ELLIOTT, ERIC S

Address: 1305 CORPORATE CENTER DRIVE

City-St-Zip: EAGAN, MN 55121

Title: SECR

Name: RODRIGUEZ, AARON M

Address: 1305 CORPORATE CENTER DRIVE

City-St-Zip: EAGAN, MN 55121

Title: SVP

Name: YORDY, MATT

Address: 1305 CORPORATE CENTER DRIVE

City-St-Zip: EAGAN, MN 55121

Title: SVP

Name: OLIG, CAMERON

Address: 1305 CORPORATE CENTER DRIVE

City-St-Zip: EAGAN, MN 55121

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 Statues.

SIGNATURE: AARON RODRIGUEZ SECR 05/03/2010

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