2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2010
Secretary of State

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Entity Name: C & S APPRASIAL SERVICES, LLC

Current Principal Place of Business:

7777 WASHINGTON AVENUE S.
EDINA, MN 55439

New Principal Place of Business:

5700 SMETANA DRIVE
STE. 400
MINNETONKA, MN 55343

Current Mailing Address:

7777 WASHINGTON AVENUE S.
EDINA, MN 55439

New Mailing Address:

5700 SMETANA DRIVE
STE. 400
MINNETONKA, MN 55343

FEI Number: 06-1705725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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
Name: SCHROEDER, STEVE
Address: 10360 OLD PLACERVILLE ROAD
City-St-Zip: SACRAMENTO, CA 95827

Title: MGR
Name: ROMANO, ANTHONY
Address: 10360 OLD PLACERVILLE ROAD
City-St-Zip: SACRAMENTO, CA 95827

Title: MGR
Name: BERMAN, DAN
Address: 10360 OLD PLACERVILLE ROAD
City-St-Zip: SACRAMENTO, CA 95827

Title: MGR
Name: PHILIPSEK, CHARLES W
Address: 5700 SMETANA DRIVE, SUITE 400
City-St-Zip: MINNETONKA, MN 55343

Title: MGR
Name: HACKMAN, DAN
Address: 8009 34TH AVE. SOUTH, STE. 1000
City-St-Zip: BLOOMINGTON, MN 55425

Title: MGR
Name: PEULEN, TERI
Address: 8009 34TH AVENUE SOUTH, SUITE 1000
City-St-Zip: BLOOMINGTON, MN 55425

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: CHARLES W. PHILIPSEK MGR 01/28/2010

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