2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# M07000000449

Entity Name: NEW MILLENNIUM TITLE GROUP, LLC

Current Principal Place of Business:

2127 COUNTY ROAD D EAST
MAPLEWOOD, MN 55109

New Principal Place of Business:

Current Mailing Address:

2127 COUNTY ROAD D EAST
MAPLEWOOD, MN 55109

New Mailing Address:

FEI Number: 20-5836762 **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:	CEO	( ) Delete
Name:	GRIEBENOW, FRANK T	
Address:	45 EVERGREEN RD	
City-St-Zip:	DELLWOOD, MN 55110 US	
Title:	CFO	( ) Delete
Name:	CLARK, BRUCE A	
Address:	2831 EAGLE VALLEY CIR	
City-St-Zip:	WOODBURY, MN 55129 US	
Title:	COO	( ) Delete
Name:	OILER, JEFF D	
Address:	712 MARY KNOLL LN	
City-St-Zip:	WATERTOWN, WI 53098 US	
Title:	EVP	( ) Delete
Name:	STARK, DEBRA J	
Address:	269 TRISTAN DR	
City-St-Zip:	EXCELSIOR, MN 55331 US	
Title:	SVP	( ) Delete
Name:	NYGREN, CHARLES J	
Address:	7874 ALDEN WAY	
City-St-Zip:	FRIDLEY, MN 55432 US	
Title:	SVP	( ) Delete
Name:	OILER, MICHAEL T	
Address:	N104 W6060 SUSAN LN	
City-St-Zip:	CEDARBURG, WI 53012 US	

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 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: BRUCE A CLARK CFO 04/14/2009

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