2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002550

Entity Name: MARSDEN HOLDING, L.L.C.

FILED Apr 26, 2010 Secretary of State

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

380 ST PETER STREET SUITE 760 380 ST PETER STREET

ST. PAUL, MN 55102 SUITE 760 ST. PAUL, MN 55102

Current Mailing Address: New Mailing Address:

380 ST PETER STREET SUITE 760 380 ST PETER STREET ST. PAUL, MN 55102 SUITE 760

ST. PAUL, MN 55102

FEI Number: 45-0482478 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Title: MGR Name: MINGO, GUY

Address: 380 ST PETER STREET SUITE 760

City-St-Zip: ST. PAUL, MN 55102

Title: MGR

Name: REID, CHRISTOPHER

Address: 380 ST PETER STREET SUITE 760

City-St-Zip: ST. PAUL, MN 55102

Title: MGR

Name: FLOM, CRAIG

Address: 10350 BREN ROAD WEST City-St-Zip: MINNETONKA, MN 55343

Title: MGR

Name: MORANTZ, SITA

Address: 380 ST PETER STREET SUITE 760

City-St-Zip: ST. PAUL, MN 55102

Title: MGR

 Name:
 NORGREN, CHRIS

 Address:
 1717 UNIVERSITY AVENUE

 City-St-Zip:
 ST. PAUL, MN 55104

Title: MGR

Name: KLEIN, STEVEN

Address: 1717 UNIVERSITY AVENUE City-St-Zip: ST. PAUL, MN 55104

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: SITA MORANTZ MGR 04/26/2010

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