

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004442

FILED
Mar 22, 2011
Secretary of State

Entity Name: CONSUMER SOLUTIONS 4, LLC

Current Principal Place of Business:

12700 WHITEWATER DRIVE
MINNETONKA, MN 55343

New Principal Place of Business:

Current Mailing Address:

12700 WHITEWATER DRIVE
MINNETONKA, MN 55343

New Mailing Address:

FEI Number: 26-3588897

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: CARVAL NVF II L.P.
Address: 12700 WHITEWATER DRIVE
City-St-Zip: MINNETONKA, MN 55343

Title: PRES
Name: VORBRICH, PETER A
Address: 12700 WHITEWATER DRIVE
City-St-Zip: MINNETONKA, MN 55343

Title: VP
Name: GUNDERSON, JODY A
Address: 12700 WHITEWATER DRIVE
City-St-Zip: MINNETONKA, MN 55343

Title: VP
Name: CLARK, TIMOTHY S
Address: 12700 WHITEWATER DRIVE
City-St-Zip: MINNETONKA, MN 55343

Title: VP
Name: BOGART, MATTHEW R
Address: 12700 WHITEWATER DRIVE
City-St-Zip: MINNETONKA, MN 55343

Title: VP
Name: BLOSS, KEVIN M
Address: 12700 WHITEWATER DRIVE
City-St-Zip: MINNETONKA, MN 55343

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 Statutes.

SIGNATURE: JODY A. GUNDERSON

VP

03/22/2011

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