

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # M95000000346

1. Entity Name
 CUNINGHAM GROUP CONSTRUCTION SERVICES, LLC

Principal Place of Business 201 MAIN STREET S.E., SUITE 222 MINNEAPOLIS MN 55414	Mailing Address 201 MAIN STREET S.E., SUITE 222 MINNEAPOLIS MN 55414
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2. Principal Place of Business 201 MAIN STREET S.E., SUITE 325 Suite, Apt. #, etc.	3. Mailing Address 201 MAIN STREET S.E., SUITE 325 Suite, Apt. #, etc.
City & State MINNEAPOLIS MN	City & State MINNEAPOLIS MN

4. FEI Number 41-1810299	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 55414	Country US	Zip 55414	Country US
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5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)

 City **FL** Zip Code

8. 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 _____ DATE **04/27/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			
TITLE	MGRM	<input type="checkbox"/> Delete	
NAME	QUITER JOHN E		
STREET ADDRESS	201 MAIN STREET S.E., SUITE 222		
CITY-ST-ZIP	MINNEAPOLIS	MN	55414
NAME	STEBBINS JEFFREY P		
STREET ADDRESS	201 MAIN STREET S.E., SUITE 222		
CITY-ST-ZIP	MINNEAPOLIS	MN	55414
NAME		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS / CHANGES			
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUITER JOHN E		
STREET ADDRESS	201 MAIN STREET S.E., SUITE 325		
CITY-ST-ZIP	MINNEAPOLIS	MN	55414
NAME	LOWE DOUGLAS A		
STREET ADDRESS	201 MAIN STREET S.E., SUITE 325		
CITY-ST-ZIP	MINNEAPOLIS	MN	55414
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: DOUGLAS A. LOWE MGRM 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)