

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000078

1. Entity Name
OPUS NATIONAL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business
10350 BREN ROAD WEST
MINNETONKA MN 55343-9002

Mailing Address
10350 BREN ROAD WEST
MINNETONKA MN 55343-9002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		41-1790365		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____
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/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR RAUENHORST, GERALD 10350 BREN ROAD WEST MINNETONKA MN 55343-9002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400003408394--5 -09/28/00--01086--011	<input type="checkbox"/> Change <input type="checkbox"/> Addition *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR RAUENHORST, MARK 10350 BREN ROAD WEST MINNETONKA MN 55343-9002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR DECKAS, ANDREW C 10350 BREN ROAD WEST MINNETONKA MN 55343-9002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR LOFF, ANN 10350 BREN ROAD WEST MINNETONKA MN 55343-9002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR Julie Kimble 10350 Bren Road West Minnetonka, MN 55343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR NICOL, DAN F 10350 BREN ROAD WEST MINNETONKA MN 55343-9002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR PAGE, RICHARD C 9700 WEST HIGGINS, SUITE 900 ROSEMONT IL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR Margaret Bozesky 10350 Bren Road West Minnetonka, MN 55343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dan F. Nicol Dan F. Nicol, MGR 9-20-00 (952) 656-4680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #