2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000078

1. Entity Name

OPUS NATIONAL, L.L.C.

11-0225- 001 - 75000

FILED
RECEIVED
01 JUL 18 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 41-1790365 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

800004493688--0
-07/24/01--01062--018
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME	RAUENHORST, GERALD	NAME	Muscia, Patrick
STREET ADDRESS	10350 BREN ROAD WEST	STREET ADDRESS	10350 Bren Road west
CITY-ST-ZIP	MINNETONKA MN 55343-9002	CITY-ST-ZIP	Minnetonka MN 55343-9002
TITLE	MGR ☐ Delete	TITLE	Murret, James - MGR ☐ Change ☒ Addition
NAME	RAUENHORST, MARK	NAME	
STREET ADDRESS	10350 BREN ROAD WEST	STREET ADDRESS	10350 Bren Road west
CITY-ST-ZIP	MINNETONKA MN 55343-9002	CITY-ST-ZIP	minnetonka MN 55343-9002
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DECKAS, ANDREW C	NAME	
STREET ADDRESS	10350 BREN ROAD WEST	STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343-9002	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOZESKY, MARGARET	NAME	
STREET ADDRESS	10350 BREN ROAD WEST	STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343-9002	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NICOL, DAN F	NAME	
STREET ADDRESS	10350 BREN ROAD WEST	STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343-9002	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KIMBLE, JULIE	NAME	
STREET ADDRESS	10350 BREN ROAD WEST	STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	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: SIGNATURE REQUIRED 7/3/01 954-656-4680

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

STAPLE CHECK HERE

CR2E083 (5/01)