

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90008 020 ****50.00

DOCUMENT # M97000000078

1. Entity Name

OPUS NATIONAL, L.L.C.

Principal Place of Business

**10350 BREN ROAD WEST
MINNETONKA MN 55343-9002**

Mailing Address

**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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **RAUENHORST, GERALD**
STREET ADDRESS **10350 BREN ROAD WEST**
CITY-ST-ZIP **MINNETONKA MN 55343-9002**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MGR** ☐ Delete
NAME **RAUENHORST, MARK**
STREET ADDRESS **10350 BREN ROAD WEST**
CITY-ST-ZIP **MINNETONKA MN 55343-9002**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MGR** ☐ Delete
NAME **DECKAS, ANDREW C**
STREET ADDRESS **10350 BREN ROAD WEST**
CITY-ST-ZIP **MINNETONKA MN 55343-9002**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MGR** ☐ Delete
NAME **BOZESKY, MARGARET**
STREET ADDRESS **10350 BREN ROAD WEST**
CITY-ST-ZIP **MINNETONKA MN 55343-9002**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MGR** ☐ Delete
NAME **NICOL, DAN F**
STREET ADDRESS **10350 BREN ROAD WEST**
CITY-ST-ZIP **MINNETONKA MN 55343-9002**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MGR** ☐ Delete
NAME **KIMBLE, JULIE**
STREET ADDRESS **10350 BREN ROAD WEST**
CITY-ST-ZIP **MINNETONKA MN 55343**TITLE ☐ Change ☐ 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: Dan F. Nicol, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

952-656-4444

Date

Daytime Phone #

CR2E083 (9/01)