

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 12 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000503

1. Entity Name
NALAC FINANCIAL PLANS, LLC -
USallianz Investor Services, LLC

Principal Place of Business Mailing Address
1750 HENNEPIN AVENUE 1750 HENNEPIN AVENUE
MINNEAPOLIS MN 55403 MINNEAPOLIS MN 55403-2115

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 NOT APPLICABLE Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
7000003297367--9
-06/20/00--01090--013
City ****55.0FL Zip 55.00

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MBR	<input type="checkbox"/> Delete	TITLE	MBR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD, THOMAS MGR		NAME	Pinkerton, Christopher MGR	
STREET ADDRESS	1750 HENNEPIN AVENUE		STREET ADDRESS	1750 Hennepin Avenue	
CITY-ST-ZIP	MINNEAPOLIS MN 55403		CITY-ST-ZIP	Minneapolis, MN 55403-2195	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	MBR	<input checked="" type="checkbox"/> Delete	TITLE	MBR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YATES, MICHAEL MGR		NAME	Ahles, Michael MGR	
STREET ADDRESS	1750 HENNEPIN AVENUE		STREET ADDRESS	1750 Hennepin Avenue	
CITY-ST-ZIP	MINNEAPOLIS MN 55403		CITY-ST-ZIP	Minneapolis, MN 55403-2195	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	MBR	<input type="checkbox"/> Delete	TITLE	MBR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTMEYER, MICHAEL MGR		NAME	Skibo, Lawrence MGR	
STREET ADDRESS	1750 HENNEPIN AVENUE		STREET ADDRESS	1750 Hennepin Avenue	
CITY-ST-ZIP	MINNEAPOLIS MN 55403		CITY-ST-ZIP	Minneapolis, MN 55403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	MBR	<input type="checkbox"/> Delete	TITLE	MBR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIELKE, CATHERINE MGR		NAME	Farley, Catherine MGR	
STREET ADDRESS	1750 HENNEPIN AVENUE		STREET ADDRESS	1750 Hennepin Avenue	
CITY-ST-ZIP	MINNEAPOLIS MN 55403		CITY-ST-ZIP	Minneapolis, MN 55403	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

April 17, 2000 612-347-6500

Date Daytime Phone #

101101