

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # M97000000503**

1. Entity Name  
**USALLIANZ INVESTOR SERVICES, LLC**

**FILED**

01 JAN 29 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1750 HENNEPIN AVENUE  
MINNEAPOLIS MN 55403

Mailing Address  
1750 HENNEPIN AVENUE  
MINNEAPOLIS MN 55403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR CLIFFORD, THOMAS 1750 HENNEPIN AVENUE MINNEAPOLIS MN 55403	<input type="checkbox"/> Delete
TITLE NAME MGR PINKERTON, CHRISTOPHER 1750 HENNEPIN AVENUE MINNEAPOLIS MN 55403	<input type="checkbox"/> Delete
TITLE NAME MGR WESTERMEYER, MICHAEL 1750 HENNEPIN AVENUE MINNEAPOLIS MN 55403	<input checked="" type="checkbox"/> Delete
TITLE NAME MGR MIELKE, CATHERINE 1750 HENNEPIN AVENUE MINNEAPOLIS MN 55403	<input type="checkbox"/> Delete
TITLE NAME MGR AHLES, MICHAEL 1750 HENNEPIN AVENUE MINNEAPOLIS MN 55403-2195	<input type="checkbox"/> Delete
TITLE NAME MGR SKIBO, LAWRENCE 1750 HENNEPIN AVE. MINNEAPOLIS MN 55403	<input type="checkbox"/> Delete

TITLE NAME MGR Farley, Catherine 1750 Hennepin Avenue Minneapolis, MN 55403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME MGR Robeck, Cynthia 1750 Hennepin Avenue Minneapolis, MN 55403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME MGR Wagner, Jennifer 1750 Hennepin Avenue Minneapolis, MN 55403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*\*\*50.00  \*\*\*\*\*50.00

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: Catherine Mielke **REQUIRE** Catherine Mielke 1/16/2001 763-765-6140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (11/00)