

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000885

1. Entity Name

OIRE USA, L.L.C.

FILED

01 APR 30 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10350 BREN ROAD WEST
MINNETONKA MN 55343

Mailing Address

10350 BREN ROAD WEST
MINNETONKA MN 55343

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

41-1894300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE NAME MGR BEDNAROWSKI, KEITH P ☐ Delete
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA MN 55343

TITLE NAME MGR SCHIFERL, RONALD W ☐ Delete
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA MN 55343

TITLE NAME MGR DECKAS, ANDREW C ☐ Delete
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA MN 55343

TITLE NAME MGR COMPA, LUZ ☐ Delete
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA MN 55343

TITLE NAME MGR LAU, WADE ☐ Delete
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA MN 55343

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700004220407-6
CITY-ST-ZIP -05/16/01--01097--004
*****50.00 *****50.0000

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Wade Lau

SIGNATURE REQUIRED

Wade Lau

4/20/01

952 656 4647

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

Date

Daytime Phone #

CR2E083 (11/00)