

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90115 003 \*\*\*\*50.00

2002 **LIMITED LIABILITY COMPANY**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M97000000885

1. Entity Name

OIRE USA, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10350 Bren Road West

Suite, Apt. #, etc.

3. Mailing Address  
10350 Bren Road West

Suite, Apt. #, etc.

City & State  
Minnetonka, MNCity & State  
Minnetonka, MNZip  
55343Country  
USAZip  
55343Country  
USA4. FEI Number  
41-1894300Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 7. Name and Address of Current Registered Agent

Name  
Corporation Service CompanyStreet Address (P.O. Box Number is Not Acceptable)  
1201 Hays StreetCity  
Tallahassee, FL Zip Code  
32301DO NOT WRITE  
IN THIS SPACE

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEDNAROWSKI, KEITH P 10350 BREN ROAD WEST MINNETONKA, MN 55343	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHIFERL, RONALD W 10350 BREN ROAD WEST MINNETONKA, MN 55343	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DECKAS, ANDREW C 10350 BREN ROAD WEST MINNETONKA, MN 55343	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPA, LUZ 10350 BREN ROAD WEST MINNETONKA, MN 55343	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAU, WADE 10350 BREN ROAD WEST MINNETONKA, MN 55343	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:

Ronald W. Schiferl

9/23/02

952-656-4444

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

Date

Daytime Phone #

CR2E0836 (12/01)