

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

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90038 047 ****50.00

DOCUMENT # M98000000948

1. Entity Name

NORTHCO-TSG MANAGERS LLC

DO NOT WRITE IN THIS SPACE

951653

2. Principal Place of Business

c/o Colonnade Properties LLC

3. Mailing Address

c/o Colonnade Properties LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

One Rockefeller Plaza, Ste. 2300 One Rockefeller, Ste 2300

City & State

City & State

New York, NY

New York, NY

Zip

Country

Zip

Country

10020

10020

4. FEI Number

41-1917701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

**DO 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

FEES \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME Northco Managers LLC
STREET ADDRESS 4900 Viking Drive
CITY-ST-ZIP Edina, MN 55435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME TSG Managers LLC
STREET ADDRESS One Rockefeller Plaza, Suite 2300
CITY-ST-ZIP New York, NY 10020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4/03/02

212-632-6900

CR2E083B (12/01)