

2001 UNIFORM BUSINESS REPORT (UBR)

0029575 AF

DOCUMENT # M98000001053

1. Entity Name
VA PARCEL, L.L.C.

FILED

01 FEB -6 AM 8:11

Principal Place of Business
**6300 SHINGLE CREEK PARKWAY, SUITE 600
 MINNEAPOLIS MN 55430-2124**

Mailing Address
**6300 SHINGLE CREEK PARKWAY, SUITE 600
 MINNEAPOLIS MN 55430-2124**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
Co RR Donnelley + Sons Company
 Suite, Apt. #, etc.
77 W Wacker Dr.
 City & State
Chicago IL 60601
 Zip
60601

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1827015

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, JOHN L 6300 SHINGLE CREEK PARKWAY, SUITE 600 MINNEAPOLIS MN 55430-2124 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOHN, BRUCE F 6300 SHINGLE CREEK PARKWAY, SUITE 600 MINNEAPOLIS MN 55430-2124 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEIL, MICHAEL E 6300 SHINGLE CREEK PARKWAY, SUITE 600 MINNEAPOLIS MN 55430-2124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SATORIUS, JOHN A 900 SECOND AVENUE SOUTH, SUITE 1100 MINNEAPOLIS MN 55402 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman + President John C. Campanelli 77 W. Wacker Drive Chicago IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Monica M. Fahrman 77 W Wacker Dr. Chicago IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President 700003705247-2 -02/15/01--01014--002 *****50.00 *****50.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Andrea Robertson 77 W Wacker Drive Chicago IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael E O'Neil* **REQUIRED** **1/25/01** **312/326-7039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)