SLC

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90256 034 ****50.00

DOCUMENT # M98000001232

1. Entity Name

RELS REPORTING SERVICES, LLC

J00519

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5700 SMETANA DRIVE	5700 SMETANA DRIVE
Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc. SUITE 400
City & State MINNETONKA MN	City & State MINNETONKA MN
Zip 55343 Country	Zip 55343 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1477113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable) 660 EAST JEFFERSON STREET

City TALLAHASSEE FL Zip Code 32301

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.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	RELS LLC
STREET ADDRESS	5700 SMETANA DRIVE STE. 400
CITY-ST-ZIP	MINNETONKA, MN 55343
TITLE	
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CR2E083B (12/01)

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: _____ PAUL MASON VICE PRESIDENTE 5/1/02 952-238-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ASST. SECRETARY