

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001312

1. Entity Name

CONNAISSANCE CONSULTING, LLC

Principal Place of Business

5101 SHADY OAK ROAD
MINNETONKA MN 55343

Mailing Address

5101 SHADY OAK ROAD
MINNETONKA MN 55343-4100

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

41-1903581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

10. ADDITIONS / CHANGES

TITLE MGR
NAME MACKENZIE, KENNETH S
STREET ADDRESS 382 BOVEY ROAD
CITY-ST-ZIP WAYZATA MN 55391 ☒ Delete

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

TITLE MGR
NAME LUSENHOP, JEFFREY
STREET ADDRESS 3933 FARBER COURT
CITY-ST-ZIP NEW ALBANY OH 43054 ☐ Delete

TITLE Chief Manager
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE MGR
NAME SELL, NEIL I
STREET ADDRESS 140 CARLSON PARKWAY, #30
CITY-ST-ZIP MINNETONKA MN 55305 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Chief Financial Mgr & Treasurer
NAME Richard Cohen
STREET ADDRESS 6990 Tupaz Drive
CITY-ST-ZIP Edina, MN 55439 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Manager / President
NAME Harold L. Williams, JR
STREET ADDRESS 3383 Parkbrook Drive
CITY-ST-ZIP GROVE CITY, OH 43123 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

3/13/00

(612) 352-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CREATED 1999