

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90981 041 ****55.00

DOCUMENT # 11990000000991

1. Entity Name

Exporior Assessments, LLC.

DO NOT WRITE IN THIS SPACE

935698

2. Principal Place of Business

1360 Energy Park Drive
Suite, Apt. #, etc.
200

3. Mailing Address

1360 Energy Park Drive
Suite, Apt. #, etc.
200

DO NOT WRITE IN THIS SPACE

City & State

St. Paul MN

City & State

St. Paul MN

4. FEI Number

87-0621405

Applied For

Not Applicable

Zip

55108

Country

USA

Zip

55108

Country

USA

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

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
Judith Moore
506 Carnegie Center
Princeton NJ 08540

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
Steve Koffler
506 Carnegie Center
Princeton NJ 08540

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
Kevin Brueggeman
1360 Energy Park Drive Suite 200
St Paul MN 55108

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: X Kevin Brueggeman

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

Date

Daytime Phone #

3-22-02 651-647-1723

CR2E083B (12/01)