2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004
Secretary of State

DOCUMENT# M99000000991

Entity Name: EXPERIOR ASSESSMENTS, LLC

Current Principal Place of Business:

ATTN: ACCOUNTING
1260 ENERGY LANE
ST. PAUL, MN 55108

New Principal Place of Business:

Current Mailing Address:

ATTN: ACCOUNTING
1260 ENERGY LANE
ST. PAUL, MN 55108

New Mailing Address:

FEI Number: 87-0621405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: CFO ( ) Delete
Name: KENDALL, KAREN
Address: 10368 GRAND OAKS TRAIL
City-St-Zip: WOODBURY, MN 55129

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FITTON, MICHAEL
Address: 664 ROSEDALE ROAD
City-St-Zip: PRINCETON, NJ 08540

Title: MGR ( ) Change (X) Addition
Name: MCAULIFFE, JOHN
Address: 664 ROSEDALE ROAD
City-St-Zip: PRINCETON, NJ 08540

Title: MGR ( ) Change (X) Addition
Name: OFFUTT, BARRY
Address: 664 ROSEDALE ROAD
City-St-Zip: PRINCETON, NJ 08540

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 FITTON MGR 05/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date