


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State


04-12-2005 90010 020 ****50.00

DOCUMENT # M99000000991	
1. Entity Name EXPERIOR ASSESSMENTS, LLC	

Principal Place of Business ATTN: ACCOUNTING 1200 ENERGY LANE ST. PAUL, MN 55108	Mailing Address ATTN: ACCOUNTING 1200 ENERGY LANE ST. PAUL, MN 55108
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2. Principal Place of Business TLMS TAX DEPT 2ND FLOOR Suite, Apt. #, etc. 5191 NATORP BLVD City & State MASON OH Zip 45040 Country USA	3. Mailing Address TLMS TAX DEPT 2ND FLOOR Suite, Apt. #, etc. 5191 NATORP BLVD City & State MASON OH Zip 45040 Country USA
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20028831



03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 87-0621405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FITTON, MICHAEL 664 ROSEDALE ROAD PRINCETON, NJ 08540 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCAULIFFE, JOHN 664 ROSEDALE ROAD PRINCETON, NJ 08540 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OFFUTT, BARRY 664 ROSEDALE ROAD PRINCETON, NJ 08540 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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: <u><i>April M. Shilling</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<u>4/7/05</u> <small>Date</small>	<u>513-229-1000</u> <small>Daytime Phone #</small>
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ATTACHMENT

20028831
HM99000000991

EXPERIOR ASSESSMENTS, LLC
FEIN 87-0621405

Officers

Ronald H. Schlosser	President	200 First Stamford Place, Stamford, CT 06902
Dennis J. Beckingham	Chief Financial Officer	200 First Stamford Place, Stamford, CT 06902
Kenneth A. Carson	Vice President & Secretary	200 First Stamford Place, Stamford, CT 06902
Darren B. Pocsik	Vice President & Assistant Secretary	200 First Stamford Place, Stamford, CT 06902
Sari Dweck	Vice President & Assistant Secretary	200 First Stamford Place, Stamford, CT 06902
Edward A. Friedland	Vice President & Assistant Secretary	200 First Stamford Place, Stamford, CT 06902
Leslie Ilaw	Vice President	200 First Stamford Place, Stamford, CT 06902
Ed Napolitano	Vice President	200 First Stamford Place, Stamford, CT 06902
James Schroeder	Vice President	200 First Stamford Place, Stamford, CT 06902
Donna DiMitri	Assistant Secretary	200 First Stamford Place, Stamford, CT 06902
Alison Gaston	Assistant Secretary	200 First Stamford Place, Stamford, CT 06902
Marc E. Gold	Assistant Secretary	200 First Stamford Place, Stamford, CT 06902
Angela M. Schilling	Assistant Secretary	5191 Natorp Blvd, Mason, Ohio 45040
Helen V. Stamatidis	Assistant Secretary	200 First Stamford Place, Stamford, CT 06902
Edward A. Friedland	Manager	200 First Stamford Place, Stamford, CT 06902
Marc E. Gold	Manager	200 First Stamford Place, Stamford, CT 06902
Linda J. Walker	Manager	200 First Stamford Place, Stamford, CT 06902