

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR .

2005

| Filing Period: Septen<br>FORM MUST BE TYPED    |   |          | filing Fee: \$50.00                                |   |                  |      |             |
|--|---|----------|--|---|------------------|------|-------------|
| 1. ID No.<br>102060                            | ID No. 2. Exact name of the limited liability company |          |  |   |                  |      |             |
| 3. State of Formation IOWA                     |   |          | character of the hustness white<br>RAISAL SERVICES | th is actually conducted in Rhode Isl                                       | and              |      | <u> </u>    |
| 5. Principal office address 5700 Sme           | tana Drivi  |          |  | Minnetonka  | State            |      | 55343       |
| 6. MAILING ADDRE Contagt Name Kathleen         | SS OF LIMITED LIAI                                    | вилту с  | OMPANY AND NAME                                    | COMPLIANCE  | rson:<br>Officer | ,    |             |
| Sirvet Address 7777 Was                        | hington A   | ٧٠ -     | South  | Edina   | State<br>MN      |      | 55 439      |
|  | FILL IN S   | PACES E  | BEFORE USING ATTAC                                 | LITY COMPANY, IF APPLIC<br>HMENTS ("X" BOX FOR A<br>ING OF AMENDMENT, R.I.G | ATTACHMENT,      | _    | -52         |
| Manager Name                                   |   |          | Manager Name                                       |   |                  |      |             |
| Sirvet Address                                 |   |          |  | Street Address  |                  |      |             |
| City   | State   |          | ZIp  | City  | State            |      | Zip         |
| Manager Name                                   |   |          |  | Manager Name  |                  |      |             |
| Street Address                                 | ·   |          |  | Street Address  |                  |      |             |
| City   | State   |          | Z.íp   | Сиу   | State            |      | <i>Ζ.</i> φ |
| 8. RESIDENT AGEN' Agent Name CT CORPORATION S' |   | O · DO N | OT ALTER - Changes                                 | require filing of Form 642  Address   | - R.I.G.L. 7-1   | 6-11 |             |
| Address 10 WEYBOSSET STREET                    |   |          | City PROVIDENCE                                    |   | Z/p<br>02903     |      |             |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

|                       | 102060*                         |  |
|-----------------------|---------------------------------|--|
| File Date<br>Check No | 1362 . 7                        |  |
| Ву:                   | FOR SECRETARY OF STATE USE ONLY |  |

. - 1 198 (8) (18)) 961(8) (18)) 88)(8) 81(1) 88)( 186)

Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements. contained herein are true and correct.

Supplure of Authorized Person Dave

KATHLEEN A. ELZEA COMPLIANCE

Print or Type Name of Authorized Person Officer

Form 632 Rev. 7/03



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

2004

401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liability company 102060 Valuation Information Technology, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **REAL ESTATE APPRAISAL SERVICES IOWA** 5. Principal office address MN 5700 Smetana Deive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: KATHLEEN MN ACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Sircet Address Street Address City State Zψ City State Zip Manager Name Manager Name Street Address Street Address City State City 7.10 State 2.ip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **CT CORPORATION SYSTEM** Address City Zip 10 WEYBOSSET STREET **PROVIDENCE** 02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



| File Date 10(8)04               |
|---------------------------------|
| Check No                        |
| Bw                              |
| FOR SECRETARY OF STATE USE ONLY |

Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements. contained herein are true and correct.



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_\_\_

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2003

| Fring Period September 1 - November 1 - Pitting Pec: \$50.00<br>(FORM MUST BE TYPED OR PRINTED IN BIACK) |  |  |           |       |          |  |  |  |
|--|--|--|-----------|-------|----------|--|--|--|
|  | 2. Exact name of the limited hability company Valuation Information Technology, L.L.C. |  |           |       |          |  |  |  |
| 3 State of Formation 4 Brief description of the  | character of the business whi  | ch is actually conducted in Rhode Island                 | i         |       | <u> </u> |  |  |  |
| IOWA REAL ESTATE APP   | RAISAL SERVICES  |  |           |       |          |  |  |  |
| 5. Principal office address  |  | Clty   | State     |       | Zip      |  |  |  |
| 5700 SMETANA DRIVE SU<br>6. MAILING ADDRESS OF LIMITED LIABILITY   | 17E 400<br>COMPANY AND NAME  | MINNETONICA OR TITLE OF CONTACT PERS                     | MA<br>ON: |       | 55343    |  |  |  |
| Contact Name   |  | : Contact Title  |           |       |          |  |  |  |
| MARK ARCHULETA   |  | C.F.O.   |           |       |          |  |  |  |
| Street Address   |  | City   | State     |       | Zip      |  |  |  |
| MARK ARCHULETA  Sircei Address  5700 SMETANA DR. SUIT  | £ 400  | MINNETONKA   | MN        | /     | 55343    |  |  |  |
| 7. NAME AND ADDRESS OF EACH MANAGER O  | F THE LIMITED LIABI<br>BEFORE USING ATTAC  | LITY COMPANY, IF APPLICAB<br>HMENTS      ("X" BOX FOR AT | ,         |       |          |  |  |  |
| ANY MODIFICATIONS TO MAN   |  | •                  |           | _     | -52      |  |  |  |
| Manager Name   |  | Manager Name   |           |       |          |  |  |  |
| REIS LLC (M.   | EMBER)   | •  |           |       |          |  |  |  |
| Street Address /   |  | Street Address   |           |       |          |  |  |  |
| Street Address 5700 SMETANA DRIVE 5 City MINNETONILA MN  | ULTE 400   |  |           |       |          |  |  |  |
| City State   | Zip  | City   | State     |       | Zip      |  |  |  |
| MINNETONILA MIN  | 155343   | :<br>{   | ļ         |       | <b>)</b> |  |  |  |
| Manager Name   |  | Manager Name   |           |       |          |  |  |  |
| Street Address   |  | Sirvet Address   |           |       |          |  |  |  |
|  |  |  |           |       |          |  |  |  |
| City State   | Zip  | City   | State     |       | Zip      |  |  |  |
|  | OT ALTER Changes   | enguien filing of Form 642                               | <br>      | 6.11  |          |  |  |  |
| Agent Name   | Address  |  |           |       |          |  |  |  |
| CT CORRODATION SYSTEM  |  |  |           |       |          |  |  |  |
| CT CORPORATION SYSTEM  | City   | Zip  |           |       |          |  |  |  |
| 10 WEYBOSSET STREET  | PROVIDENCE   |  |           |       |          |  |  |  |
| 10 WEI BOSSET STREET   | <u> </u>   | PROVIDENCE   |           | 02903 |          |  |  |  |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

| * 1 0 2 0 6 0                      | * |
|------------------------------------|---|
| File Date 11 3/03                  |   |
| By:FOR SECRETARY OF STATE USE ONLY |   |

| Under penalty of perjury, I declare and a | ffirm that I have examined this report. |
|---|---|
| including any accompanying schedules a    | nd statements, and that all statements  |
| contained herein are true and correct.    |   |
| (1) 01 (10)                               |   |
| [V] [] [] [] [] []                        | 1, 1, 1, 2                              |
| CAMBUILLY                                 | 10/29/03                                |
| Signature of Authovized Person            | Date /                                  |
|   |   |

THARLES PHILIPSEK SERGIARY



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 102060 Valuation Information Technology, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **REAL ESTATE APPRAISAL SERVICES IOWA** 5. Principal office address State 6. MAILING ADDRESS OF LIMITED LIABILIT City State Y COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT[ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manuger Name · Manager Name Street Address Street Address State Zip Manager Name Street Address Street Address Cuy State City Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **CT CORPORATION SYSTEM** Address Zip **10 WEYBOSSET STREET PROVIDENCE** 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



| File Date                       | 9-23-02 |  |  |  |
|---------------------------------|---------|--|--|--|
| 7 116 1501(                     | ~~ ~~   |  |  |  |
| Check No.                       | 526087  |  |  |  |
| B <u>y:</u>                     | ac      |  |  |  |
| FOR SECRETARY OF STATE USE ONLY |         |  |  |  |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Mend of Authorized Person Date

MARK ARCHULETA SR. V.P. C.F.O. &
Print or Type Name of Authorized Person,

ITREASURE

Filing Fee: \$50.00

## To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

### LIMITED LIABILITY COMPANY

| Ð    | Number FLLC 102060                             | Annual Report for the year 2001   |
|------|--|---|
| 1.   | The name of the limited liability of           | company is:   |
|      | Valuation Information Technolog                | ıy, L.L.C.  |
| 2.   | The address of the principal office            | ce of the limited liability company is:   |
|      | 5700 SMETANA DR                                | IVE SUITE 400 MINNETONKA MN 55343   |
| 3.   |  | der the laws of which it is formed is IOWA  |
| 4.   | The name and address of its res                | sident agent is: CT CORPORATION SYSTEM  |
|      | 10 WEYBOSSET STREET PRO                        | OVIDENCE RI 02903   |
| 5.   | The current mailing address of t               | he limited liability company and the name or title of a person to whom communications   |
|      | may be directed are: PAUL                      | MASON   |
|      | 5100 SMETANA DRIV                              | LE SUITE 400 MINNETONKA MN 55343  |
|      |  | cter of the business in which the limited liability company is actually engaged in this   |
|      | state: APPRAISAL S                             | SERVICES  |
| 7.   | •  | as managers, the name and address of each manager of the limited liability company  |
|      | Name   | Address   |
|      |  |   |
|      |  |   |
|      | 1.1  |   |
| Da   | ated 10/5/01                                   | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and |
|      | )<br>11 14814 88118 11814 88148 81111 881      | that all statements contained herein are true and correct.  |
|      |  | VALUATION INFORMATION TECHNOLOGY LLC  |
|      | -  | Exact Name of Limited Liability Company /   |
| File | FOR SECRETARY OF STATE USE ONLY Date: // -// / | By  |
| Che  | eck No.: 288007                                | VICE PRESIDENT & ASST. SECRETARY  |
| Rv∙  | a .  | Form No. 632<br>Revised 01/99   |

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

### LIMITED LIABILITY COMPANY

| ID   | Number FLLC 102060  | Annual Report for the year 2000  |
|------|---|--|
| 1.   | The name of the limited liability comp                    | any is:  |
|      | Valuation Information Technology, L.                      | L.C.   |
| 2.   | The address of the principal office of 5700 SMUTANA Dr    | the limited liability company is: NL, Suite 300, MMMEtonka, MN 55343   |
| 3.   | The state or other jurisdiction under the                 | he laws of which it is formed is IOWA  |
| 4.   | The name and address of its resident                      | tagentis: CT CORPORATION SYSTEM  |
|      | 10 WEYBOSSET STREET PROVID                                | ENCE RI 02903  |
| 5.   | may be directed are: Paul M                               | nited liability company and the name or title of a person to whom communications $ASDM$  |
|      | 5700 Smetana Dr   | Ne, Sutte 300, MMnetonka, MN 55343   |
| 6.   |   | of the business in which the limited liability company is actually engaged in this PPYAISAL SETTICLS   |
| 7.   | If the limited liability company has ma<br>Name           | nagers, the name and address of each manager of the limited liability company  **Address**   |
| Da   | ted 9-14-00<br>1 0 2 0 6 0                                | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  VALUATION THOMATON TECHNOLOGY LLC  Exact Name of Limited Liability Company |
| File | FOR SECRETARY OF STATE USE ONLY Date: 9//8 ck No.: /3/730 | Vice President & Assistant Secretary  Title  Form No. 632  Revised 01/99   |



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

|      |                | L!   | IMITED LIABILITY COMPANY  |            |             |
|------|----------------|--|---|------------|-------------|
| ID   | Number         | 102060   | Annual Report for the year_   | 190        | 19          |
| 1.   | The name o     | t the limited liability compar<br>Valuation IV | ry is:<br>Nformation Technology, LLC  |            |             |
| 2.   |                |  | e limited liability company is:<br>KNE, SUTE 300, MMNETONKA, M  | N 5        | 5343        |
| 3.   | The state or   | other jurisdiction under the                   | laws of which it is formed is: <u>TOWA</u>  |            |             |
| 4.   | The name a     | nd address of its resident ag                  | gent is: CT Corporation System  | 1          |             |
|      |                |  | Providence, RI 02903  |            |             |
| 5.   | communicati    | ions may be directed are:                      | limited liability company and the name or title of a POUL MASON 16, Sutte 300, MMNetonka, MI  |            |             |
| 6.   | 10             |  | e business in which the limited liability company is actual DYAISAL SERVICES  | ly enga    | ged in this |
| 7.   | If the limited | liability company has mana                     | igers, list the name and address of each manager:   | <u></u>    | _ ( U)      |
|      |                | Name   | Address   | ر .<br>د . |             |
|      |                |  |   | <u>~~</u>  | میر ز-، ۰   |
|      | FII            | ED   |   |            | (1) (T)     |
|      | JUL CCH<br>By- | 1 0 2000<br>M78 86                             | Under penalty of perjury, I declare and affirm that I ha report, including any accompanying schedules and that all statements contained herein are true and correct | statem     |             |
| Date | e: <u>June</u> | 22,2000  | Valuation Information Pechnolog Exact Name of Limited Liability Company   | <br>34,1   | <u>'LC</u>  |
|      |                |  | By A.M.   |            |             |
|      |                |  | Vice President  |            |             |