



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: September 1 - November 1 • Filing Fee: \$50.00  
 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 102060		2. Exact name of the limited liability company Valuation Information Technology, L.L.C.			
3. State of Formation IOWA		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE APPRAISAL SERVICES			
5. Principal office address 5700 Smetana Drive, Ste. 400		City Minnetonka	State MN	Zip 55343	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kathleen A. ELZEA			Contact Title COMPLIANCE Officer		
Street Address 7777 Washington Ave South		City Edina	State MN	Zip 55439	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	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 CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903		

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



\*102060\*

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.

File Date 9/29/05  
 Check No. 1393028  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY

Kathleen Elzea 9-15-05  
 Signature of Authorized Person Date  
KATHLEEN A. ELZEA COMPLIANCE  
 Print or Type Name of Authorized Person Officer



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>102060</b>		2. Exact name of the limited liability company <b>Valuation Information Technology, L.L.C.</b>			
3. State of Formation <b>IOWA</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE APPRAISAL SERVICES</b>			
5. Principal office address <b>5700 Smetana Drive, Suite 400</b>		City <b>Minnetonka</b>	State <b>MN</b>	Zip <b>55343</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>KATHLEEN A. Elzea</b>			Contact Title <b>Compliance Officer</b>		
Street Address <b>7777 Washington Ave. South</b>		City <b>Edina</b>	State <b>MN</b>	Zip <b>55439</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	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 <b>CT CORPORATION SYSTEM</b>			Address		
Address <b>10 WEYBOSSET STREET</b>			City <b>PROVIDENCE</b>	Zip <b>02903</b>	

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 \*

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.

File Date 10/18/04  
Check No. 1000733  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Kathleen A. Elzea 9-15-04  
Signature of Authorized Person Date  
KATHLEEN A. ELZEA, Compliance Officer  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 102060		2. Exact name of the limited liability company Valuation Information Technology, L.L.C.	
3. State of Formation IOWA		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE APPRAISAL SERVICES	
5. Principal office address 5700 SMETANA DRIVE SUITE 400		City MINNETONKA	State MN
		Zip 55343	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARK ARCHULETA		Contact Title C.F.O.	
Street Address 5700 SMETANA DR. SUITE 400		City MINNETONKA	State MN
		Zip 55343	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name RELS LLL (MEMBER)		Manager Name	
Street Address 5700 SMETANA DRIVE SUITE 400		Street Address	
City MINNETONKA	State MN	City	State
Zip 55343		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 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 ✓  
Check No. 756685  
By: [Signature]  
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.

[Signature] 10/29/03  
Signature of Authorized Person Date  
CHARLES PHILIPSEK SECRETARY  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 102060		2. Exact name of the limited liability company Valuation Information Technology, L.L.C.			
3. State of Formation IOWA		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE APPRAISAL SERVICES			
5. Principal office address 5700 SMETANA DRIVE SUITE 400		City MINNETONKA	State MN	Zip 55343	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARK ARCHULETA			Contact Title C.F.O.		
Street Address 5700 SMETANA DRIVE SUITE 400		City MINNETONKA	State MN	Zip 55343	
7. NAME AND ADDRESS OF EACH 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 (MEMBER) REELS LLC		Manager Name			
Street Address 5700 SMETANA DRIVE SUITE 400		Street Address			
City MINNETONKA	State MN	Zip 55343	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	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 CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903	

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



\* 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.

File Date 9.23.02  
Check No. 526087  
By: ac  
FOR SECRETARY OF STATE USE ONLY

Mark A. Ashe 9/12/02  
Signature of Authorized Person Date

MARK ARCHULETA SR. V.P. C.F.O. &  
Print or Type Name of Authorized Person, TREASURER  
Form 632 Rev. 6/02

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**

ID Number FLLC 102060

Annual Report for the year 2001

1. The name of the limited liability company is:

Valuation Information Technology, L.L.C.

2. The address of the principal office of the limited liability company is:

5700 SMETANA DRIVE, SUITE 400 MINNETONKA, MN 55343

3. The state or other jurisdiction under the laws of which it is formed is IOWA

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: PAUL MASON

5700 SMETANA DRIVE, SUITE 400 MINNETONKA MN 55343

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: APPRAISAL SERVICES

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated

10/5/01

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.



1 0 2 0 6 0

VALUATION INFORMATION TECHNOLOGY LLC  
Exact Name of Limited Liability Company

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 10-11-01

Check No.: 288007

By: [Signature]

By

[Signature]

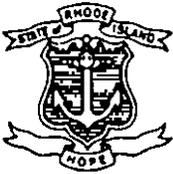
VICE PRESIDENT & ASST. SECRETARY  
Title

Title

Form No. 632  
Revised 01/99

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**

ID Number FLLC 102060

Annual Report for the year 2000

1. The name of the limited liability company is:

Valuation Information Technology, L.L.C.

2. The address of the principal office of the limited liability company is:

5700 Smetana Drive, Suite 300, Minnetonka, MN 55343

3. The state or other jurisdiction under the laws of which it is formed is IOWA

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Paul Mason

5700 Smetana Drive, Suite 300, Minnetonka, MN 55343

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Appraisal Services

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

*Name*

*Address*

Dated 9-14-00



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 Information Technology LLC  
*Exact Name of Limited Liability Company*

By [Signature]  
Vice President & Assistant Secretary  
*Title*

FOR SECRETARY OF STATE USE ONLY  
File Date: 9/18  
Check No.: 131730  
By: [Signature]

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

LIMITED LIABILITY COMPANY

ID Number 102060

Annual Report for the year 1999

1. The name of the limited liability company is:

Valuation Information Technology, LLC

2. The address of the principal office of the limited liability company is:

5700 Smetana Drive, Suite 300, Minnetonka, MN 55343

3. The state or other jurisdiction under the laws of which it is formed is:

IOWA

4. The name and address of its resident agent is:

CT Corporation System  
123 Dyer Street, Providence, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Paul Mason  
5700 Smetana Drive, Suite 300, Minnetonka, MN 55343

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state:

Real Estate Appraisal Services

7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROV. DEPT. OF REVENUE  
CORPORATION DIVISION  
JUL 10 2 28 PM '00

**FILED**

JUL 10 2000

CC# 163  
BY 247886

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 Information Technology, LLC  
Exact Name of Limited Liability Company

By

[Signature]

Vice President

Title

Date: June 22, 2000