

Exhibit 13

opened 12/08

281468383

TITLE OF ORGANIZATION ACCOUNT

UNIVERSAL BROKERAGE FX
MANAGEMENT LLC
GENERAL OPERATING ACCOUNT

ACCOUNT OR CERTIFICATE NUMBER

281468383

BANK NAME

Associated Bank, NA

DATE ACCOUNT OPENED

Updated Status

ACCOUNT TYPE: **Checking/Money Market**

Number of required signatures: _____

NAME OF OFFICE OR TITLE

Member

Member

[Handwritten signatures]
* Ben Kiley
* Julie Smith

Received
CIF MS #7012

JUN 17 2008

Signatures shown above are specimen or facsimile signatures of person(s)
Authorized to effect transactions on account by current depository resolution
filed with Bank.

* Type or print name signed above

PHONE

TAX I.D. NO. 281468383

ADDRESS 12844 TIFFANY CT STE 100 BURNSVILLE MN 55337

FIRST DEP. \$ PREPARED BY Espay, Natalya FROM 095

The depositor agrees to be bound by the rules regulating this account and any amendment to them and acknowledges receipt of the account rules.

TAX WITHHOLDING CERTIFICATE: Under penalties of perjury, the depositor certifies that:

(1) The taxpayer identification number shown on this form is the depositor's correct taxpayer identification number; (2) the depositor is not subject to backup withholding either because the depositor has not been notified that the depositor is subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service has notified the depositor that the depositor is no longer subject to backup withholding; and (3) the depositor is a U.S. person (including a U.S. resident alien).
Strike part (2) of the paragraph above if the depositor has been notified that the depositor is subject to backup withholding due to underreporting and has not received a notice from the Internal Revenue Service that backup withholding due to notified payee underreporting has terminated.

(1) The number shown on this form is the depositor's correct taxpayer number; (2) the depositor is not subject to backup withholding because the depositor is exempt from backup withholding; and (3) the depositor is a U.S. person (including a U.S. resident alien).

If checked, complete IRS form W-8BEN, W-8ECI, W-8EXP or W-8IMY. The depositor is not a U.S. citizen or resident (or the depositor is filing for a foreign corporation, partnership, estate or trust).
Failure to provide a taxpayer identification number may subject the account to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Required: For Patriot Act compliance: (Complete one of the following sections)

If Organization/Non-profit (required for individual opening this account, not required for authorized signers):

Individual's Name: _____ Birth Date: _____ Taxpayer I.D. No. _____

Address (if different from Acct Addr): _____

ID1: DL/National ID _____ Phone: _____

ID1: DL/National Issuer _____ Issue Date _____ Expiration Date _____

ID2: DL/National No. _____ Issue Date _____ Expiration Date _____

ID3: DL/National No. _____ Issue Date _____ Expiration Date _____

If Corporate/Partnership/LLC/LLP (Please describe type of documentation provided (e.g. Articles of Incorporation, etc.) All documentation must be forwarded to the CIF Dept. MS 7012.

LANCE PHILLIPS
Account Contracts

DEPOSITOR UNIVERSAL BROKERAGE FX

MANAGEMENT LLC

GENERAL OPERATING ACCOUNT

Date: *6-16-2008*

Name of Organization: *[Signature]*

Secretary (Other): *[Signature]*

JUN 19 2008

MS: 702c

JUN 16 2008
Depository Certificate
MS 7012

Use Care with W.B.A. 75 Depository Declaration.

ABC - MNSIGNB 05/31/2004

FOOB - 2283145601 08/18/2008 10:46 095_Espay,Natalya

Confidential Information - Subject to Protective Order

ABCCVL000131

Received
 MS #7012

JAN 10 2008

W. B. A. 75 MN (5/05) 31017
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26-1468363

DEPOSITORY DECLARATION

Organization Depository Resolution and Agreement

Resolved, that _____ ("Bank") is designated as a depository in which the funds owned or controlled by the organization named below ("Depositor") may from time to time be deposited, that the Depositor agrees to the Additional Provisions on page 2, and that the custodian of the records of the Depositor is authorized and directed to certify to the Bank the adoption of this resolution in accordance with the articles of incorporation, constitution, charter, bylaws and/or rules of the Depositor and to provide the names and specimen or facsimile signatures on signature cards if requested of the persons authorized under this resolution. I certify that I am the custodian of the records of the Depositor, that the Depositor is a _____ organized under the laws of _____, that the foregoing is a true and correct copy of a resolution duly adopted by the Minnesota _____ in accordance with the articles of incorporation, bylaws, constitution, charter and/or rules of the Depositor on _____ and that said resolution is now in full force and effect. Dated _____

Name of Organization _____ Address _____

By _____ Title _____

Partnership Depository Agreement

The undersigned partnership ("Depositor") is a _____ partnership organized under the laws of _____ and the undersigned partners are all its general partners. The _____ ("Bank") is designated as a depository in which the funds owned or controlled by the Depositor may from time to time be deposited, and the Depositor agrees to the Additional Provisions on page 2. The undersigned general partners represent and agree that this Agreement complies with any and all agreements which are now in existence between the undersigned general partners, including the certificate of limited partnership, if any, and that any of the undersigned general partners is authorized to deliver to the Bank the names and specimen or facsimile signatures on signature cards if requested of the persons authorized to act under this Agreement. The death or withdrawal of any partner authorized to act on behalf of the Depositor shall not operate as a revocation of any authority granted under this Agreement to such partner, until written notice of such death or withdrawal is received by the Bank from any general partner and, despite such event and notice, the authority granted under this Agreement to all other persons shall continue. Receipt of such notice shall not affect any action taken by the Bank prior to the notice.

Dated _____

Name of Partnership _____ Address _____

By _____ General Partner
 By _____ General Partner
 By _____ General Partner

Limited Liability Company Depository Agreement

The undersigned organization ("Depositor") is a limited liability company organized under the laws of MINNESOTA management of the Depositor is vested in the MANAGERS and the undersigned person is a MANAGER of the Depositor.

The Associated Bank, N.A. ("Bank") is designated as a depository in which the funds owned or controlled by the Depositor may from time to time be deposited, and the Depositor agrees to the Additional Provisions on page 2. The Depositor represents and agrees that this Agreement complies with the articles of organization and any and all operating agreements which are now in existence for the Depositor, that the undersigned person is one of the persons authorized to manage the Depositor and is authorized to execute this Agreement on behalf of the Depositor, and that any person authorized to manage the Depositor is authorized to deliver to the Bank the names and specimen or facsimile signatures on signature cards if requested of the persons authorized to act under this Agreement. The death or withdrawal of any person authorized to act on behalf of the Depositor shall not operate as a revocation of any authority granted under this Agreement to such person, until written notice of such death or withdrawal is received by the Bank from any person authorized to manage the Depositor and, despite such event and notice, the authority granted under this Agreement to all other persons shall continue. Receipt of such notice shall not affect any action taken by the Bank prior to the notice.

Dated 01/07/2008

Name of Limited Liability Company _____ 12644 Tiffany Court Suite #100 Burnsville MN 55337

By _____ Title Manager

Authorized Persons
 (Persons authorized under paragraph 1 on page 2)

Name, Type or No. of Account(s)	Number of Signatures Required	Names or Titles of Authorized Persons
<u>DD/SV/MMA/CD</u> <u>Renee Clavers</u>		<u>Manager</u>
<u>DD/SV/MMA/CD</u> <u>MS #7012</u>		
<u>DD/SV/MMA/CD</u>		

Nicholas Spaeth
 Account Contracts

JAN 11 2008

MS-7028

Note: Signature card WBA 91 MN may be used with the Organization Depository Resolution, Partnership Depository Agreement and the Limited Liability Company Depository Agreement.