

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90044 046 ***150.00

DOCUMENT # F97000002583

1. Entity Name
GTLT INC.

Principal Place of Business

**180 EAST FIFTH STREET
 SAINT PAUL MN 55101
 US**

Mailing Address

**W. LINDOW, % GREEN TREE, 300 LANDMARK TWR
 345 ST. PETER STREET
 ST. PAUL MN 55102**

00000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

W Lindow % Consco Finance, 300 Landmark Twr.

Suite, Apt. #, etc.

345 St. Peter Street

City & State

St. Paul, MN

Zip

55102

Country

4. FEI Number **41-1875105**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. *See Exhibit A* OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HARTZELL, MARK D	
STREET ADDRESS	9233 WEDGEWOOD PT.	
CITY-ST-ZIP	WOODBURY MN 55125	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, EVE D	
STREET ADDRESS	101 NATCHEZ AVENUE SOUTH	
CITY-ST-ZIP	GOLDEN VALLEY MN 55416	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHRISTOPHERSON, SHERYL A	
STREET ADDRESS	116 HALLS HILL ST.	
CITY-ST-ZIP	ELLSWORTH WI 54011	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SCHULTZ-FUGH, TAMARA M	
STREET ADDRESS	10812 CAMBRIDGE COURT	
CITY-ST-ZIP	BURNSVILLE MN 55337	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	ROSAL, MELISSA A	
STREET ADDRESS	2498 DEERFIELD DRIVE	
CITY-ST-ZIP	AURORA IL 60506	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EGAN, JAMES R	
STREET ADDRESS	27125 NOBLE ROAD	
CITY-ST-ZIP	SHOREWOOD MN 55331	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	180 E. 5th Street - 2nd Floor	
CITY-ST-ZIP	St. Paul, MN 55101	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	180 E. 5th Street - 2nd Floor	
CITY-ST-ZIP	St Paul, MN 55101	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	180 E 5th Street - 2nd Floor	
CITY-ST-ZIP	St Paul, MN 55101	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	111 E. Wacker Drive, Suite 3000	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	180 E. 5th Street - 2nd Floor	
CITY-ST-ZIP	St. Paul, MN 55101	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheryl A. Christopherson* **Sheryl A. Christopherson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 11/10/01 Daytime Phone #: 651 2440-739

CR2E034 (10/00)

Attachment Sheets

#F97000002583

CONSECO FINANCE LEASING TRUST

D0009405

TRUSTEES

<u>NAME</u>		<u>ADDRESS</u>
GTLT INC.	41-1875105	180 East Fifth Street - 2nd Floor Saint Paul, MN 55101
WILMINGTON TRUST COMPANY		1100 N. Market Street Rodney Square North Wilmington, DE 19801

Officers of GTLT Inc. (US Bank National Association Entity)

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
SHERYL A. CHRISTOPHERSON	President	180 East Fifth Street - 2nd Floor Saint Paul, MN 55101
TAMARA M. SCHULTZ-FUGH	Vice President and Secretary	180 East Fifth Street - 2nd Floor Saint Paul, MN 55101
PATRICIA M. CHILD	Vice President & Chief Financial Officer	111 E. Wacker Drive Suite 3000 Chicago, IL 60601
MELISSA A. ROSAL	Vice President & Asst. Secretary	111 E. Wacker Drive Suite 3000 Chicago, IL 60601
JAMES R. EGAN	Assistant Secretary	180 East Fifth Street - 2nd Floor Saint Paul, MN 55101

Directors of GTLT Inc.

SHERYL A. CHRISTOPHERSON	Director	180 East Fifth Street - 2nd Floor Saint Paul, MN 55101
MARK D. HARTZELL	Director	180 East Fifth Street - 2nd Floor Saint Paul, MN 55101
EVE D. KAPLAN	Director	180 East Fifth Street - 2nd Floor Saint Paul, MN 55101

(*Wilmington Trust Company was appointed only to satisfy the requirement of having a trustee located in the state of Delaware (formation state).)