

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90060 015 \*\*\*150.00

**DOCUMENT # F99000005313**

1. Entity Name

**TCF LEASING, INC.**

Principal Place of Business

Mailing Address

**11100 WAYZATA BLVD., SUITE 801  
 MINNETONKA MN 55305**

**11100 WAYZATA BLVD., SUITE 801  
 MINNETONKA MN 55305-5525**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**41-1943997**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHL, CRAIG R	NAME	
STREET ADDRESS	801 MARQUETTE AVE.	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYQUIST, MARK D	NAME	
STREET ADDRESS	801 MARQUETTE AVE.	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NEIL W	NAME	
STREET ADDRESS	801 MARQUETTE AVE.	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUND, MARK T	NAME	
STREET ADDRESS	801 MARQUETTE AVE.	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JOSEPH T	NAME	
STREET ADDRESS	801 MARQUETTE AVE.	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, WILLIAM A	NAME	
STREET ADDRESS	801 MARQUETTE AVE.	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	

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:

*Joseph T. Green*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

(612) 661-8828

Daytime Phone #

CR2E034 (9/99)