FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:47

DOCUMENT # **F93000002339 (0)**

1. Corporation Name
ARCADIA FINANCIAL LTD., INC.

Principal Place of Business	Mailing Address
7825 WASHINGTON AVENUE SOUTH MINNEAPOLIS MN 55439-2444	7825 WASHINGTON AVENUE SOUTH MINNEAPOLIS MN 55439-2444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1993
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 41-1664848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: DAVID Ellis - Branch Manager
82 Street Address (P.O. Box Number is Not Acceptable): 601 South Lake Destiny Rd. Suite 280
83:
84 City: Maitland FL 85 Zip Code: 32751-7247

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David C. Ellis 5/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☐ Addition
NAME	MACK, JEFFREY C	12 NAME	
STREET ADDRESS	16397 KELSEY LANE	13 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN 55437	14 CITY-ST-ZIP	
TITLE	EVP	21 TITLE	same ☒ Change ☐ Addition
NAME	ANDERSON, SCOTT H	22 NAME	same
STREET ADDRESS	8789 SYCAMORE CT.	23 STREET ADDRESS	13155 Boulder Point Rd.
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	24 CITY-ST-ZIP	Eden Prairie, MN 55347
TITLE	VPCF	31 TITLE	VPCF ☒ Change ☐ Addition
NAME	PINKERTON, ROBERT A	32 NAME	John A Witham
STREET ADDRESS	7921 SOUTH ADAMS WAY	33 STREET ADDRESS	10456 Purdey Road
CITY-ST-ZIP	LITTLETON CO 80122	34 CITY-ST-ZIP	Eden Prairie, MN 55347
TITLE	VPS	41 TITLE	Vice President & Controller ☒ Change ☐ Addition
NAME	ANDERSON, BRIAN S	42 NAME	Brian S. Anderson
STREET ADDRESS	9717 RICH CURVE	43 STREET ADDRESS	10146 Bluff Road
CITY-ST-ZIP	BLOOMINGTON MN 55437	44 CITY-ST-ZIP	Eden Prairie, MN 55347
TITLE	VP	51 TITLE	same ☒ Change ☐ Addition
NAME	BEDNAR, STEVEN R	52 NAME	same
STREET ADDRESS	4635 POLARIS LANE NORTH	53 STREET ADDRESS	8590 Magnolia Trail Apt 306
CITY-ST-ZIP	PLYMOUTH MN 55446	54 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	D	61 TITLE	Senior Vice President ☒ Change ☐ Addition
NAME	BERLIN, A. MARK JR.	62 NAME	Mark A. Berlin, JR
STREET ADDRESS	552 ELM STREET	63 STREET ADDRESS	652 Berndale Road West
CITY-ST-ZIP	WINNETKA IL 60093	64 CITY-ST-ZIP	Wayzata, MN 55391

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: V.P. Brian S. Anderson 4/25/95 (612) 942-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447496 FP