


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **857432** (9)  
1. Corporation Name  
**GENERAL FOODS CREDIT CORPORATION**

Principal Place of Business	Mailing Address
CASOLA JR., JEROME 800 WESTCHESTER AVE. RYE BROOK NY 10573-8301 US	CASOLA JR., JEROME 800 WESTCHESTER AVE. RYE BROOK NY 10573-1322 US

3. Date Incorporated or Qualified <b>08/16/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>13-6192890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MULLIGAN, JOHN	
STREET ADDRESS	65 TOPLAND RD	
CITY - ST - ZIP	WHITE PLAINS NY	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	KINNEY, MICHAEL J.	
STREET ADDRESS	524 SHRUB OAK LANE	
CITY - ST - ZIP	FAIRFIELD CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCADAMS, DIANE M.	
STREET ADDRESS	129 HILLSIDE AVENUE	
CITY - ST - ZIP	VERONA NY	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SPERA, JOHN M.	
STREET ADDRESS	245 COCHRAN PLACE	
CITY - ST - ZIP	VALLEY STREAM NY	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	KINNEY, MICHAEL J.	
STREET ADDRESS	800 WESTCHESTER AVE.	
CITY - ST - ZIP	RYE BROOK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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:

*John M. Spera* John M. Spera U.P. & Treasurer

2/6/97

(944) 335-1181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0005447

CR2E034 (9/96)

**General Foods Credit Corporation**  
**800 Westchester Avenue-RA/5N**  
**Rye Brook, New York, 10573-1301**  
**Id.# 13-6192890**

**Directors:**

Michael J. Kinney  
John J. Mulligan  
John M. Spera

**Officers:**

<u>Name</u>	<u>Title(s)</u>	<u>Residence Address</u>
Michael J. Kinney	Chairman and President	524 Shrub Oak Lane Fairfield, CT 06430 (203)255-5309
John J. Mulligan	Vice President	65 Topland Rd White Plains, NY 10605 (914)335-5000
Thomas W. Urbach	Vice President	8 Laurelwood Dr. New Fairfield, CT 06812 (203)746-7319
Raymond S. McCann	Vice President	435 West 23rd St. Apt 15B New York, NY 10011 (212)675-5957
John M. Spera	Vice President and Treasurer	245 Cochran Place Valley Stream, Ny 11581 (516)791-3996
Douglas B. Levene	Secretary	839 Locust Winnetka, IL 60093 (914)-335-9347
Alfonso L. Carney, Jr.	Assistant Secretary	120 Park Ave New York, NY 10017 (212)320-3870
Donna N. Lyde	Assistant Secretary	3 Fairfield Place Yonkers, NY 10705 (914)969-5220
Diane M. McAdams	Assistant Secretary	129 Hillside Avenue Verona, NJ 07044 (201)857-2498

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F96000005987 (0)**

1. Corporation Name

**GREEN TREE VENDOR SERVICES CORPORATION**



Principal Place of Business

**3601 MINNESOTA DR  
BLOOMINGTON MN 55435**

Mailing Address

**3601 MINNESOTA DR  
BLOOMINGTON MN 55435-5281**

3. Date Incorporated or Qualified

**11/15/1996**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

**86-0834777**

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

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

83

84 City

**FL**

85 Zip Code

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

(Signature of person performing duties of registered agent and the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
D	EICHENFIELD, SAMUEL L	1850 N CENTRAL AVE, PO BOX 2209	PHOENIX AZ 85002-2209	<input checked="" type="checkbox"/>
CEO	EICHENFIELD, SAMUEL L	1850 N CENTRAL AVE, PO BOX 2209	PHOENIX AZ 85002-2209	<input checked="" type="checkbox"/>
D	HALLINAN, WILLIAM J	1850 N CENTRAL AVE, PO BOX 2209	PHOENIX AZ 85002-2209	<input checked="" type="checkbox"/>
P	JACKSON, JOHN D	1850 N CENTRAL AVE, PO BOX 2209	PHOENIX AZ 85002-2209	<input checked="" type="checkbox"/>
V	RADWAY, ROBERT E	1850 N CENTRAL AVE, PO BOX 2209	PHOENIX AZ 85002-2209	<input checked="" type="checkbox"/>
VS	BAUMAN, FREDERICK C	1850 N CENTRAL AVE, PO BOX 2209	PHOENIX AZ 85002-2209	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP
Sr. Vice Pres. & Asst. Sec.	Jeffrey Vanthournout	1700 Landmark Towers, 345 St. Peter St.	Saint Paul, MN 55102	Vice Pres. and Secretary	Joel H. Gottesman	1100 Landmark Towers, 345 St. Peter St.	Saint Paul, MN 55102	Vice President and Treasurer	Phyllis A. Knight	500 Landmark Towers, 345 St. Peter St.	Saint Paul, MN 55102	Vice President & Asst. Sec.	George McMackin	1700 Landmark Towers, 345 St. Peter St.	Saint Paul, MN 55102	Vice Pres. & Asst. Sec.	John Jackson	3601 Minnesota Drive	Bloomington, MN 55435	Vice Pres. & Asst. Sec.	Nancy Gaffney	95 North Route 17 South	Paramus, New Jersey 07652

14. I do 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 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:

*Joel H. Gottesman*  
JOEL H. GOTTESMAN

(612) 293-3400