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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

F95000005688 (5) DOCUMENT

TCF AGENCY MINNESOTA, INC.

Jan 26 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State



FILED

Principal Place of Business Mailing Address 801 MARQUETTE AVE. 801 MARQUETTE AVE. MINNEAPOLIS MN 55402 MINNEAPOLIS MN 55402 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 41-0771353 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE SCHROEDER, JOHN F French Palmer, Ronald J. NAME 1.2 NAME 801 MARQUETTE AVE. 801 marquette Ave STREET ADDRESS 1.3 STREET ADDRESS MINNEAPOLIS MN CITY - ST - ZIP 1.4 CITY-ST-ZIP ۷n DELETE 2.1 TITLE TUITE, JAMES E NAME 2.2 NAME 801 MARQUETTE AVE. STREET ADDRESS 2.3 STREET ADDRESS MINNEAPOLIS MN 55402 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition HUBBELL, ALAN C NAME 3.2 NAME 801 MARQUETTE AVE. STREET ADDRESS 3.3 STREET ADDRESS MINNEAPOLIS MN 55402 CITY-ST-ZIP 3.4. CITY - ST-ZIP ___ Change DELETE Addition TITLE 4.1 TITLE THORBERG, DANIEL T NAME 4. 2 NAME 801 MARQUETTE AVE. STREET ADDRESS 4.3 STREET ADDRESS MINNEAPOLIS MN 55402 CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE GILSTAD, JULIE NAME 5.2 NAME 801 MARQUETTE AVE. STREET ADDRESS 5.3 STREET ADDRESS MINNEAPOLIS MN CiTY - ST - ZIP 5.4 CITY-ST-ZIP ___ DELETE Addition TITLE 6.1 TITLE GREEN, JOSEPH T NAME 6.2 NAME 801 MARQUETTE AVE. STREET ADDRESS 6.3 STREET ADDRESS MINNEAPOLIS MN 55402 CITY-ST-ZIP

14. 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 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:

while DUIRED

1-15-98 612-661-8400