2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

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

03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1943997
☐ 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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAHL, CRAIG R
STREET ADDRESS	11100 WAYTATA BLVD STE 801
CITY-ST-ZIP	MINNETONKA, MN 55305
TITLE	VD
NAME	NYQUIST, MARK D
STREET ADDRESS	11100 WAYTARA BLVD STE 801
CITY-ST-ZIP	MINNETONKA, MN 55305
TITLE	TD
NAME	BROWN, NEIL W
STREET ADDRESS	200 LAKE STREET EAST
CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	D
NAME	PULLES, GREGORY
STREET ADDRESS	200 LAKE STREET EAST
CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	S
NAME	GREEN, JOSEPH T
STREET ADDRESS	801 MARQUETTE AVE.
CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE	D
NAME	COOPER, WILLIAM A
STREET ADDRESS	200 LAKE STREET EAST
CITY-ST-ZIP	WAYZATA, MN 55391

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03/31/05-80002-024 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph T. Green 3-25-05 952-475-6498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #