2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# F95000005688

Entity Name: TCF AGENCY, INC.

Current Principal Place of Business:

801 MARQUETTE AVE.
001-02-G
MINNEAPOLIS, MN 55402

New Principal Place of Business:

Current Mailing Address:

801 MARQUETTE AVE.
001-02-G
MINNEAPOLIS, MN 55402

New Mailing Address:

FEI Number: 41-0771353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T
Name: JASPER, THOMAS F
Address: 200 LAKE STREET E.
City-St-Zip: WAYZATA, MN 55391

Title: PD
Name: GILSTAD, JULIE K
Address: 801 MARQUETTE AVE.
City-St-Zip: MINNEAPOLIS, MN 55402

Title: S
Name: GREEN, JOSEPH T
Address: 200 LAKE STREET E.
City-St-Zip: WAYZATA, MN 55391

Title: D
Name: KOON, JAMES L
Address: 200 LAKE STREET E.
City-St-Zip: WAYZATA, MN 55391

Title: D
Name: JETER, MARK L
Address: 801 MARQUETTE AVENUE
City-St-Zip: MINNEAPOLIS, MN 55402

Title: VP
Name: GOTTWALT, THOMAS J
Address: 150 LAKE STREET W, SUITE 202
City-St-Zip: WAYZATA, MN 55391

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE GILSTAD PD 01/06/2011

Electronic Signature of Signing Officer or Director — Date