

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001957

FILED
Mar 24, 2011
Secretary of State

Entity Name: TCF INVENTORY FINANCE, INC.

Current Principal Place of Business:

2300 BARRINGTON ROAD
SUITE 600
HOFFMAN ESTATES, IL 60169

New Principal Place of Business:

Current Mailing Address:

2300 BARRINGTON ROAD
SUITE 600
HOFFMAN ESTATES, IL 60169

New Mailing Address:

FEI Number: 26-2359113

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: D
Name: BROWN, NEIL W
Address: 200 LAKE STREET EAST
City-St-Zip: WAYZATA, MN 55391

Title: D
Name: WINSLOW, BARRY N
Address: 200 LAKE STREET EAST
City-St-Zip: WAYZATA, MN 55391

Title: P
Name: PERRELLI, ROSARIO A
Address: 2300 BARRINGTON ROAD #600
City-St-Zip: HOFFMAN ESTATES, IL 60169

Title: EVAS
Name: HILLERY, VINCENT E
Address: 2300 BARRINGTON ROAD #600
City-St-Zip: HOFFMAN ESTATES, IL 60169

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

Title: S
Name: GREEN, JOSEPH T
Address: 200 LAKE STREET EAST
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: JOSEPH T. GREEN

S

03/24/2011

Electronic Signature of Signing Officer or Director

Date