

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005688

Entity Name: TCF AGENCY, INC.**Current Principal Place of Business:**801 MARQUETTE AVE.
001-02-G
MINNEAPOLIS, MN 55402**Current Mailing Address:**801 MARQUETTE AVE.
001-02-G
MINNEAPOLIS, MN 55402**FEI Number:** 41-0771353**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	T
Name	MICHAEL, JONES S
Address	200 LAKE STREET E.
City-State-Zip:	WAYZATA MN 55391

Title	PD
Name	GILSTAD, JULIE K
Address	801 MARQUETTE AVE. 001-02-G
City-State-Zip:	MINNEAPOLIS MN 55402

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

Title	D
Name	ROHDE, MARK W
Address	801 MARQUETTE AVE
City-State-Zip:	MINNEAPOLIS MN 55402

Title	D
Name	GRAUPMANN, CLAIRE M
Address	801 MARQUETTE AVENUE
City-State-Zip:	MINNEAPOLIS MN 55402

Title	VP
Name	GOTTWALT, THOMAS J
Address	200 LAKE STREET EAST
City-State-Zip:	WAYZATA MN 55391

Title	ASST. VICE PRESIDENT
Name	DENISON, JOAN R
Address	801 MARQUETTE AVE. 001-02-G
City-State-Zip:	MINNEAPOLIS MN 55402

Title	ASST. TREASURER
Name	BODE, SUSAN D
Address	150 LAKE STREET WEST LSW-02-C
City-State-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**PRESIDENT / DIRECTOR** 01/22/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date