

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

FILED

Jan 30 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 822678

(9)

1. Corporation Name

FBS MORTGAGE CORPORATION

Principal Place of Business

1010 S. SEVENTH STREET
MINNEAPOLIS MN 55415
US

Mailing Address

1010 S. SEVENTH STREET
MINNEAPOLIS MN 55415-1700
US

2. Principal Place of Business

21 601 Second Avenue South

State, Apt. #, etc.

22 MPFP2804

City & State

23 Minneapolis, MN

Zip

24 55402

Country

25 USA

2a. Mailing Address

26 601 Second Avenue South

State, Apt. #, etc.

27 MPFP2804

City & State

28 Minneapolis, MN

Zip

29 55402

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

3. Date Incorporated or Qualified

04/22/1969

3a. Date of Last Report

05/01/1996

4. FEI Number

58-1025135

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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:

(NOTE: Registered Agent signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/D
LESTER, SUSAN E.
601 2ND AVE. S.
MINNEAPOLIS MN 55402

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V/D
BEVIS, KATHY M.
601 2ND AVE. S.
MINNEAPOLIS MN 55402

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
LETHERT, HERBERT J.
601 2ND AVE. S.
MINNEAPOLIS MN 55402

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SVD
FOGELBERG, MELISSA R.
601 2ND AVE. S.
MINNEAPOLIS MN 55402

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
ROBB, BRUCE A.
601 2ND AVE. S.
MINNEAPOLIS MN 55402

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
FORST, RENEE A.
601 2ND AVE. S.
MINNEAPOLIS MN 55402

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D

Mitau, Lee R.

601 Second Avenue South

Minneapolis, MN 55402

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

S

Chosy, James L.

601 Second Avenue South

Minneapolis, MN 55402

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Chosy, Secretary

January 9, 1997

612-973-0359

Date

Daytime Phone #

0480060

CR2E034 (9/96)