


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90028 050 ***150.00

DOCUMENT # F00000002299 1. Entity Name NORTHWEST TITLE AND ESCROW CORP.					
Principal Place of Business 4255 WHITE BEAR PKWY STE 1300-A SAINT PAUL, MN 55110-3383			Mailing Address 4255 WHITE BEAR PKWY STE 1300-A SAINT PAUL, MN 55110-3383		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-1455660	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HOLSTAD, WAYNE B 1690 MN WORLD TRADE CTR, 30 E. 7TH ST. SAINT PAUL, MN 55101		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SUSSMAN, CHRIS 7485-C CONROY WINDERMERE RD. ORLANDO, FL 32835 (VP)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBSEN, STEVE NORTH 1040 NORTH 2ND STREET RD WATERTOWN, WI 53098		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRIEBENOW, FRANK 4255 WHITE BEAR PKWY, STE 1300-A SAINT PAUL, MN 551103383		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO JACOBSEN, DALE 4255 WHITE BEAR PKWY, STE 1300-A SAINT PAUL, MN 551103383		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JENSEN, SHELDON 4255 WHITE BEAR PKWY, STE 1300-A SAINT PAUL, MN 551103383		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP REINETZ, ANITA 4255 WHITE BEAR PKWY SAINT PAUL, MN 55110		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/28/04 Daytime Phone # 651-490-9056		