

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90057 049 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312005 Chg-P CR2E034 (10/03)

4. FEI Number  
41-1455660

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00.**

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete  
NAME HOLSTAD, WAYNE B  
STREET ADDRESS 1690 MN WORLD TRADE CTR, 30 E. 7TH ST.  
CITY-ST-ZIP SAINT PAUL, MN 55101

TITLE D ☒ Change ☐ Addition  
NAME HOLSTAD, WAYNE B.  
STREET ADDRESS 30 E. 7TH ST.  
CITY-ST-ZIP ST. PAUL, MN 55101

TITLE D ☐ Delete  
NAME JACOBSEN, STEVE  
STREET ADDRESS NORTH 1040 NORTH 2ND STREET RD  
CITY-ST-ZIP WATERTOWN, WI 53098

TITLE D ☒ Change ☐ Addition  
NAME JACOBSON, STEVE  
STREET ADDRESS N1040 2ND ST RD  
CITY-ST-ZIP WATERTOWN, WI 53098

TITLE P ☐ Delete  
NAME GRIEBENOW, FRANK  
STREET ADDRESS 4255 WHITE BEAR PKWY, STE 1300-A  
CITY-ST-ZIP SAINT PAUL, MN 551103383

TITLE D/P ☒ Change ☐ Addition  
NAME GRIEBENOW, FRANK  
STREET ADDRESS 4255 WHITE BEAR PKWY, STE 1300-A  
CITY-ST-ZIP ST. PAUL, MN 551103383

TITLE VCFO ☐ Delete  
NAME JACOBSEN, DALE  
STREET ADDRESS 4255 WHITE BEAR PKWY, STE 1300-A  
CITY-ST-ZIP SAINT PAUL, MN 551103383

TITLE D/CFO ☒ Change ☐ Addition  
NAME JACOBSON, DALE  
STREET ADDRESS 4255 WHITE BEAR PKWY, STE 1300-A  
CITY-ST-ZIP ST. PAUL, MN 551103383

TITLE ST ☐ Delete  
NAME JENSEN, SHELDON  
STREET ADDRESS 4255 WHITE BEAR PKWY, STE 1300-A  
CITY-ST-ZIP SAINT PAUL, MN 551103383

TITLE VP ☐ Change ☒ Addition  
NAME CHRISTINA SUSSMAN  
STREET ADDRESS 7485-C CONROY WINDERMERE RD  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE VP ☐ Delete  
NAME REINETZ, ANITA  
STREET ADDRESS 4255 WHITE BEAR PKWY  
CITY-ST-ZIP SAINT PAUL, MN 55110

TITLE VP ☒ Change ☐ Addition  
NAME REINITZ, ANITA  
STREET ADDRESS 4255 WHITE BEAR PKWY, STE 1300-A  
CITY-ST-ZIP ST. PAUL, MN 551103383

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 all other like empowered.

SIGNATURE:

*Frank T. Griebenow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
As President

4/1/05 651-330-4325  
Date Daytime Phone #