


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90027 008 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # F03000005526</b>                           |  |
| 1. Entity Name<br>TCF REAL ESTATE MANAGEMENT CORPORATION |   |

|  |   |
|--|---|
| Principal Place of Business<br>801 MARQUETTE AVE.<br>MINNEAPOLIS, MN 55402 | Mailing Address<br>MICHELLE WINKELMAN EXO-01-A LEGAL DEPT<br>801 MARQUETTE AVE<br>MINNEAPOLIS, MN 55402 |
|--|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

9000000



04032007 Chg-P CR2E034 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>41-1474691 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>BRAWNER, PAUL B<br>801 MARQUETTE AVE.<br>MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FEDIE, SCOTT A<br>801 MARQUETTE AVE.<br>MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JETER, MARK L<br>801 MARQUETTE AVE.<br>MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FRISCH, RICHARD J<br>801 MARQUETTE AVE.<br>MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AVP<br>SHARP, MARY<br>801 MARQUETTE AVE.<br>MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>GREEN, JOSEPH T<br>200 LAKE STREET EAST<br>WAYZATA, MN 55391 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>319 Barry Avenue S. Suite 200<br>Wayzata mn 55391 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph T Green 4-26-07 952-475-5187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 48095369

~~#F03000005526~~

**TCF MANAGEMENT CORPORATION  
DIRECTOR AND OFFICER LIST**

| <b>NAME AND TITLE</b>                       | <b>ADDRESS</b>   |
|---|--|
| <b>Paul B. Brawner, Director</b>            | <b>801 Marquette Avenue, Minneapolis, MN 55402</b>       |
| <b>Scott A. Fedie, Director</b>             | <b>801 Marquette Avenue, Minneapolis, MN 55402</b>       |
| <b>Mark L. Jeter, Director</b>              | <b>801 Marquette Avenue, Minneapolis, MN 55402</b>       |
| <b>Timothy P. Bailey, Director</b>          | <b>800 Burr Ridge Parkway, Burr Ridge, IL 60527</b>      |
| <b>Paul B. Brawner, President</b>           | <b>801 Marquette Avenue, Minneapolis, MN 55402</b>       |
| <b>Richard J. Frisch, Vice President</b>    | <b>801 Marquette Avenue, Minneapolis, MN 55402</b>       |
| <b>Joseph T. Green, Secretary</b>           | <b>319 Barry Avenue S., Suite 200, Wayzata, MN 55391</b> |
| <b>Thomas F. Jasper, Treasurer</b>          | <b>200 Lake Street E., Wayzata, MN 55391</b>             |
| <b>David M. Stautz, Assistant Treasurer</b> | <b>200 Lake Street E., Wayzata, MN 55391</b>             |
| <b>Mary Sharp, Assistant Vice President</b> | <b>801 Marquette Avenue, Minneapolis, MN 55402</b>       |