

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

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000000868 (0)**

Corporation Name  
**TCF, INC.**



Principal Place of Business  
**3200 TRAMMEL CROW CENTER  
2001 ROSS AVENUE  
DALLAS TX 75201**

Mailing Address  
**3200 TRAMMEL CROW CENTER  
2001 ROSS AVENUE  
DALLAS TX 75201-8001**

3. Date Incorporated or Qualified  
**02/18/1993**

3a. Date of Last Report  
**03/15/1996**

4. FEI Number  
**75-1788393**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CROW, TRAMMELL	
STREET ADDRESS	2001 ROSS AVENUE, #3200	
CITY - ST - ZIP	DALLAS TX	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CROW, HARLAN R	
STREET ADDRESS	2001 ROSS AVENUE #3200	
CITY - ST - ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CROW, TRAMMELL S	
STREET ADDRESS	2001 ROSS AVENUE #3200	
CITY - ST - ZIP	DALLAS TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CLOSE, JACKIE	
STREET ADDRESS	2001 ROSS AVENUE #3200	
CITY - ST - ZIP	DALLAS TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GROENTEMAN, SUSAN	
STREET ADDRESS	2001 ROSS AVENUE #3200	
CITY - ST - ZIP	DALLAS TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOGAN, TIMOTHY J	
STREET ADDRESS	2001 ROSS AVENUE #3200	
CITY - ST - ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:** *Jackie Close* **1-5-97** <sup>219</sup> **863 4247**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)