## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 1. Corporation Name

F93000004186 (3)

GREEN TREE AGENCY, INC.

Principal Place of Business Mailing Address						- L ARD 1700 AAND OUNDE TAILL DOAL DELIK DOAL DELIK DOAL DELIK DOAL DELIK DOAL			
345 ST PET	MARK TOWERS ER STREET IN 55102-1658	345 ST PETER STREE	1000 LANDMARK TOWERS 345 ST PETER STREET ST. PAUL MN 55102-1658 US						
US								e of Last Report <b>05/17/1995</b>	
1.1	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				41-1254595			Not Applicable
Suite, Apl. i	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		City & State	***************************************			6. Election Campaign Financing		\$5.0	00 May Be
23		28				Trust Fund Contribution			ed to Fees
] ]	Country	<i>Ζ</i> ιρ	Count	гy		8. This corporation has liability for in		x under s	199.032,
24	25	[29]	30			Florida Statutes			
	9. Name and Address of Currer	ii Registereo Agent		1	Namo	10. Name and Address of New Re	gistered	Agent	
C T CO	DDODATION CYCTEM		ľ	"	Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.			8	2	Street Addres	ss (P.O. Box Number is Not Acceptable	<del>)</del>		
	ATION FL 33324		A	3					
FLANTA	KHON PL 33324			`					
			8	4	City		FL	<b>B5</b> 2	'ip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above	l	med corporat	ion submits this statement for the purp	ose of cha	naina its	registered office
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz	ed by the co	rpoi	ration's board	of directors. I hereby accept the appo	intment as	registere	d agent. I am
	and the design the design of t	no / oc/ loose, Florida Statelle	,.						
SIGNATURE	Signature, typical or printed name of registered a jet i	Lamittle mapplicane (NC	HE Registered Ap	jort s	 signature required w	vhen reinstatingi	DATE		
12.		D DIRECTORS	13,			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	ORS IN 12
TI LE	PC	DELETE	1 1 TITL	F			7	Change	Addition
NAME	<del>COSS, LAWRENCE M</del>		1 2 NAM	E	Re	beat 101/PotPs			
STREET AUDRESS	1100 LANDMARK TOWER, 3	845 ST. PETER ST.	13 STHE	ET A	DDRESS				
CITY (ST. ZIP	ST. PAUL MN 55102		14 CITY	- 51 -	- 7IP				
TOLE	VPD	DEFETE	2 1 TITL	E	Pre	sident / Charman	[	Change	☐ Addition
NAME	POTTS, ROBERT D		2.2 NAM	E					
STREET ADDRESS	1100 LANDMARK TOWERS,	345 ST PETER ST	2 3 STHE	ET A	DORESS				
CHY ST ZIE	ST. PAUL MN		2 4 CITY						· · · · · · · · · · · · · · · · · · ·
101.F	T TOTAL	DELETE	3 1 TITL	E	E.V.	P + Treas.	0	Change	☐ Addition
NAME	BRINK, JOHN W	ALE OT DETER OF	3 2 NAM						
STREET AUDRESS	1100 LANDMARK TOWERS,	345 ST. PETER ST.	33 STRI	EET #	ADDRESS				
Cili V - S <sup>1</sup> - Zil <sup>2</sup>	ST. PAUL MN 55102	E) BELETE	3 4 CITY						F==
THILE	SD SUAND DICHARD C	□ DELETE	4. 1 ŤIŤL		EVP	y Sec./Dir.	L	Change	■ Addition
NAME	EVANS, RICHARD G 332 MINNESOTA STREET, S	TT 600	4.2 NAM						
STREET ADDRESS	ST. PAUL MN	DIE DUU	4.3 STRE						
CHY-ST ZIP	<b>+</b>	ET DOLL	4 4 CITY			Oca a ide sa de		Change	- Addison
HILF HIMB	AVP HARLANDER, THOMAS P	DELETE	5 1 7(TL		100	ce President		El Criange	☐ Addition
NAME CIRCLI Monecos	1700 LANDMARK TOWERS,	345 ST DETED ST	5.2 NAM		PODECC				
STREET ADDRESS	ST. PAUL MN 55102	UTO UI. I LIER OI.	5.3 STRE						
CHY-ST-ZIP THUE	AS	<b>₹</b> DELETE	5 4 C(TY 6 1 T(T)			V.P. + Asst. Sec. / Dir.	г	Change	Addition .
NAME	BACKSTRAND, DREW S	Nimi	6.2 NAM		4.	1 H. Gottesman	L	_ v-migc	MT Monthort
S REFEARORESS	300 LANDMARK TOWERS,	345 ST PETER ST			DDRESS 1106	Landmank Towers, 3	4561	Det	er St.
CITY - ST - 7/E	ST PAUL MN	7.0 VI   EIEH VI	6 3 5 INC		461	DOLL MN 55107			

14. Life hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Prione #