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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93000004186 (3)**

1. Corporation Name
GREEN TREE AGENCY, INC.

Principal Place of Business	Mailing Address
1000 LANDMARK TOWERS 345 ST PETER STREET ST. PAUL MN 55102-1658 US	1000 LANDMARK TOWERS 345 ST PETER STREET ST. PAUL MN 55102-1637 US

3. Date Incorporated or Qualified: 09/08/1993
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business
21 1300 Landmark Towers
Suite, Apt. #, etc.
22 345 St. Peter Street
City & State
23 St. Paul, MN
Zip 24 55102-1658 Country 25 US

2a. Mailing Address
26 1300 Landmark Towers
Suite, Apt. #, etc.
27 345 St. Peter Street
City & State
28 St. Paul, MN
Zip 29 55102-[redacted] Country 30 US

4. FEI Number: 41-1254595 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	POTTS, ROBERT D	1.2 NAME	
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST PETER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	1.4 CITY-ST-ZIP	St. Paul, MN 55102
TITLE	EVPT ☒ DELETE	2.1 TITLE	VPT ☐ Change ☒ Addition
NAME	BRINK, JOHN W	2.2 NAME	Phyllis A. Knight
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST. PETER ST.	2.3 STREET ADDRESS	500 Landmark Towers, 345 St. Peter Street.
CITY-ST-ZIP	ST. PAUL MN	2.4 CITY-ST-ZIP	St. Paul, MN 55102
TITLE	ESD ☐ DELETE	3.1 TITLE	EVPD AS ☒ Change ☐ Addition
NAME	EVANS, RICHARD G	3.2 NAME	
STREET ADDRESS	332 MINNESOTA STREET, STE 600	3.3 STREET ADDRESS	1100 Landmark Towers, 345 St. Peter Street
CITY-ST-ZIP	ST. PAUL MN	3.4 CITY-ST-ZIP	St. Paul, MN 55102
TITLE	VP ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	HARLANDER, THOMAS P	4.2 NAME	
STREET ADDRESS	1700 LANDMARK TOWERS, 345 ST. PETER ST.	4.3 STREET ADDRESS	1300 Landmark Towers, 345 St. Peter Street
CITY-ST-ZIP	ST. PAUL MN	4.4 CITY-ST-ZIP	St. Paul, MN 55102
TITLE	SVPD ☐ DELETE	5.1 TITLE	SVPS ☒ Change ☐ Addition
NAME	GOTTESMAN, JOEL H.	5.2 NAME	
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST. PETER ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	5.4 CITY-ST-ZIP	St. Paul, MN 55102
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Joel H. Gottesman 4/29/97 (612) 293-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joel H. Gottesman

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