2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State
01-27-2004 90006 044 ***150.00

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1. Entity Name
GREEN TREE INSURANCE AGENCY, INC.

44004807

01082004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1100 LANDMARK TOWERS 345 ST PETER STREET ST. PAUL, MN 55102-1658 US	300 LANDMARK TOWERS 345 ST PETER STREET ST. PAUL, MN 55102-1658 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREMENS, CHARLES H 1100 LANDMARK TOWERS, 345 ST PETER ST ST. PAUL, MN 55102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, VP William B. Doniger 1251 Avenue of the Americas, 16th Floor New York, NY 10020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRVP ANDERSON, KEITH A 1100 LANDMARK TOWER 345 ST PETER ST SAINT PAUL, MN 55102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRVP DICKSON, TODD 700 LANDMARK TOWER 345 ST PETER ST SAINT PAUL, MN 55102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1100 Landmark Towers, 345 St Peter Street	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUGUELET, JOSEPH E I 700 LANDMARK TOWERS, 345 ST PETERS ST SAINT PAUL, MN 55102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1100 Landmark Towers, 345 St. Peter Street	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD COREY, BRIAN F S 1100 LANDMARK TOWERS, 345 ST. PETER ST SAINT PAUL, MN 55102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/S/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS LAMB-LINDOW, WANDA J 300 LANDMARK TOWERS/345 ST PETER ST ST PAUL, MN 55102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Wanda J. Lamb-Lindow Wanda J. Lamb-Lindow 1/23/04 651-293-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #