


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90029 015 ***150.00

DOCUMENT # F93000004186 1. Entity Name GREEN TREE INSURANCE AGENCY, INC.					
Principal Place of Business 1100 LANDMARK TOWERS 345 ST PETER STREET ST. PAUL, MN 55102-1658 US			Mailing Address 300 LANDMARK TOWERS 345 ST PETER STREET ST. PAUL, MN 55102-1658 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-1254595	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, PETER M <input checked="" type="checkbox"/> Delete 1345 AVE OF THE AMERICAS 46TH FLOOR NEW YORK, NY 10116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, KEITH A <input type="checkbox"/> Delete 1100 LANDMARK TOWER 345 ST PETER ST SAINT PAUL, MN 55102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BURGESS, WADE <input type="checkbox"/> Delete 1100 LANDMARK TOWERS, 345 ST. PETER STREET SAINT PAUL, MN 55102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSD COREY, BRIAN F S <input type="checkbox"/> Delete 1100 LANDMARK TOWERS, 345 ST. PETER ST SAINT PAUL, MN 55102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAMB-LINDOW, WANDA J <input type="checkbox"/> Delete 300 LANDMARK TOWERS/345 ST PETER ST ST PAUL, MN 55102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLINN, DANIEL J JR <input type="checkbox"/> Delete 1400 TURBINE DR RAPID CITY, SD 57703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel J. Flinn Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Wanda J. Lamb-Lindow</u> 1/16/08 1051-293-5532 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Wanda J. Lamb-Lindow, Asst. Secretary