

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001829

1. Entity Name

TCF CONSUMER FINANCIAL SERVICES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90060 020 ***150.00

Principal Place of Business

801 MARQUETTE AVENUE
MINNEAPOLIS MN 55402

Mailing Address

801 MARQUETTE AVENUE
MINNEAPOLIS MN 55402-2807

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 **36-3706101**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D COOPER, WILLIAM A**
STREET ADDRESS **1880 BUCKSIDE DRIVE**
CITY-ST-ZIP **MEDINA MN 55391**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D NAGORSKE, LYNN A**
STREET ADDRESS **801 MARQUETTE AVE**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D CUSICK, THOMAS A**
STREET ADDRESS **965 EDGEWOOD HILLS ROAD**
CITY-ST-ZIP **WAYZATA MN 55391**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DP HUBBELL, ALAN C**
STREET ADDRESS **801 MARQUETTE AVENUE**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D BROWN, NEIL W**
STREET ADDRESS **801 MARQUETTE AVENUE**
CITY-ST-ZIP **MINNEAPOLIS MN 55802**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D PULLES, GREGORY J**
STREET ADDRESS **18920 24TH AVENUE NORTH**
CITY-ST-ZIP **PLYMOUTH MN 55442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Douglas B. Hatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Douglas B. Hatt Secretary 2-8-2000

612 475 7057