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FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002270 (5)

1. Corporation Name

GREEN TREE FINANCIAL SERVICING CORPORATION

Principal Place of Business

1100 LANDMARK TOWERS
345 ST. PETER ST.
ST. PAUL MN 55102

Mailing Address

1100 LANDMARK TOWERS
345 ST. PETER ST.
ST. PAUL MN 55102-1637



3. Date Incorporated or Qualified

05/09/1995

3a. Date of Last Report

01/31/1996

4. FEI Number

41-1795868

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature of Registered Agent or Officer or Director (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POTTS, ROBERT D	
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST. PETER ST.	
CITY-ST-ZIP	ST. PAUL MN 55102	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BRINK, JOHN W	
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST. PETER ST.	
CITY-ST-ZIP	ST. PAUL MN 55102	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EVANS, RICHARD G	
STREET ADDRESS	332 MINNESOTA ST., STE. 600	
CITY-ST-ZIP	ST. PAUL MN 55101	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BACKSTRAND, DREW S	
STREET ADDRESS	300 LANDMARK TOWERS, 345 ST. PETER ST.	
CITY-ST-ZIP	ST. PAUL MN 55102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	Exec. V.P. & Asst. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	1100 Landmark Towers, 345 St. Peter St.
34 CITY-ST-ZIP	St. Paul, MN 55102
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Sr. V.P. & Sec.
53 STREET ADDRESS	Joel H. Gottesman
54 CITY-ST-ZIP	1100 Landmark Towers, 345 St. Peter St.
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	V.P. & Treas.
63 STREET ADDRESS	Phyllis A. Knight
64 CITY-ST-ZIP	500 Landmark Towers, 345 St. Peter St.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information is dated 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joel H. Gottesman

Sr. V.P. + Sec.

1/8/97 (612) 293-3400

Date Daytime Phone #

0496791

CR2E034 (9/96)