

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90075 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000002270**

1. Corporation Name
GREEN TREE FINANCIAL SERVICING CORPORATION



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
05/09/1995

4. FEI Number
41-1795868

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
 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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	POTTS, ROBERT D	
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST. PETER ST.	
CITY-ST-ZIP	ST. PAUL MN 55102	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	KNIGHT, PHYLLIS A	
STREET ADDRESS	1700 LANDMARK TOWERS 345 ST PETER STREET	
CITY-ST-ZIP	ST PAUL MN	
TITLE	EVPS	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, RICHARD G	
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST PETER ST	
CITY-ST-ZIP	ST PAUL MN	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GOTTESMAN, JOEL H	
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST PETER ST	
CITY-ST-ZIP	ST PAUL MN	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FINN, EDWARD L	
STREET ADDRESS	1100 LANDMARK TOWERS 345 ST PETER STREET	
CITY-ST-ZIP	ST PAUL MN 55102	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SURRETT, JEFFREY	
STREET ADDRESS	332 MINNESOTA STREET SUITE #600	
CITY-ST-ZIP	ST PAUL MN 55121	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director & Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Keith A. Anderson	
1.3 STREET ADDRESS	1100 Landmark Towers, 345 St. Peter Street	
1.4 CITY-ST-ZIP	St. Paul, MN 55102	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	800 Landmark Towers	
2.4 CITY-ST-ZIP		
3.1 TITLE	Senior VP, Corporate Taxes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William T. Devanney, Jr.	
3.3 STREET ADDRESS	11825 N. Pennsylvania Street	
3.4 CITY-ST-ZIP	Carmel, IN 46032	
4.1 TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Senior VP & Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Scott T. Young	
5.3 STREET ADDRESS	800 Landmark Towers, 345 St. Peter Street	
5.4 CITY-ST-ZIP	St. Paul, MN 55102	
6.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wanda J. Lamb-Lindow	
6.3 STREET ADDRESS	300 Landmark Towers, 345 St. Peter Street	
6.4 CITY-ST-ZIP	St. Paul, MN 55102	

14. 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 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, with all other like empowered.

SIGNATURE: _____ Date: **4/29/99** Daytime Phone #: **(651) 293-3400**

CR2E034 (11/98)