

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002560 (9)

1. Corporation Name
GREEN TREE FINANCIAL CORP. - ALABAMA

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1995		3a. Date of Last Report 01/31/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-1809249		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PC
NAME	EVANS, RICHARD G	1.2 NAME	Robert D. Potts
STREET ADDRESS	332 MINNESOTA ST., #800	1.3 STREET ADDRESS	1100 Landmark Towers, 345 St. Peter Street
CITY-ST-ZIP	ST. PAUL MN 55101	1.4 CITY-ST-ZIP	St. Paul MN 55102
TITLE	V	2.1 TITLE	DVS
NAME	JORDAN, HUGH M	2.2 NAME	Joel H. Gottesman
STREET ADDRESS	2011 DELTA BLVD.	2.3 STREET ADDRESS	1100 Landmark Towers, 345 St. Peter Street
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	St. Paul MN 55102
TITLE	V	3.1 TITLE	V
NAME	SELKIRK, K W	3.2 NAME	Gregory D. Aplin
STREET ADDRESS	324 INTERSTATE PARK DR.	3.3 STREET ADDRESS	332 Minnesota Street, Suite 600
CITY-ST-ZIP	MONTGOMERY AL 36109	3.4 CITY-ST-ZIP	St. Paul MN 55101
TITLE	TD	4.1 TITLE	VT
NAME	BRINK, JOHN W	4.2 NAME	Phyllis A. Knight
STREET ADDRESS	345 ST. PETERS ST., 1100 LANDMARK TOWERS	4.3 STREET ADDRESS	1700 Landmark Towers, 345 St. Peter Street
CITY-ST-ZIP	ST PAUL MN 55102	4.4 CITY-ST-ZIP	St. Paul MN 55102
TITLE	SD	5.1 TITLE	D
NAME	BACKSTRAND, DREW S	5.2 NAME	Richard G. Evans
STREET ADDRESS	345 ST. PETERS ST., 345 LANDMARK TOWERS	5.3 STREET ADDRESS	1100 Landmark Towers, 345 St. Peter Street
CITY-ST-ZIP	ST PAUL MN 55102	5.4 CITY-ST-ZIP	St. Paul MN 55102
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Joel H. Gottesman

(412) 203-3111

CR2E034 (4/97)