

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000005471

1. Corporation Name

HOMEcomings FINANCIAL NETWORK, INC.

Principal Place of Business

8400 NORMANDALE LAKE BLVD.
SUITE 600
MINNEAPOLIS MN 55437

Mailing Address

8400 NORMANDALE LAKE BLVD SUITE 600
ATTENTION: LEGAL - COMPLIANCE
MINNEAPOLIS MN 55437
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

81 Name
No change

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

83

84 City

FL 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

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

(NOTE: Registered Agent signature is required when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO [] DELETE

NAME WESTFALL, GEORGE W
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP MINNEAPOLIS MN 55437

TITLE ~~CEO~~ [X] DELETE

NAME GLEASON, LORNA P
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP MINNEAPOLIS MN 55437

TITLE D [] DELETE

NAME PARADIS, B J
STREET ADDRESS 8400 NORMANDALE LAKE BLVD, STE 600
CITY-ST-ZIP MINN MN 55437

TITLE D [] DELETE

NAME SHEEHAN, D W
STREET ADDRESS 8400 NORMANDALE LAKE BLVD, STE 600
CITY-ST-ZIP MINN MN 55437

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Secretary

Donald P. Brewster

One Meridian Crossings, Ste. 100
Minneapolis, MN 55423

CFO

Davee L. Olson

8400 Normandale Lake Blvd., Ste. 600
Minneapolis, MN 55437

FILED

99 JAN 21 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

51-0369458

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 owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 (612) 979-4179

Day

Daytime Phone #

CR2E034 (11/98)

0627659