

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005471

1. Entity Name

HOMEcomings FINANCIAL NETWORK, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90036 004 ***150.00

Principal Place of Business

Mailing Address

8400 NORMANDALE LAKE BLVD.
SUITE 600
MINNEAPOLIS MN 55437

8400 NORMANDALE LAKE BLVD SUITE 600
ATTENTION: LEGAL - COMPLIANCE
MINNEAPOLIS MN 55437-1083
US

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 **51-0369458**

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

C T 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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO WESTFALL, GEORGE W 8400 NORMANDALE LAKE BLVD., SUITE 600 MINNEAPOLIS MN 55437	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BREWSTER, DONALD P ONE MERIDIAN CROSSING, STE 100 MINNEAPOLIS MN 55423	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARADIS, B J 8400 NORMANDALE LAKE BLVD, STE 600 MINN MN 55437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, D W 8400 NORMANDALE LAKE BLVD, STE 600 MINN MN 55437	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO & D OLSON, DAVEE L 8400 NORMANDALE LAKE BLVD. STE. 600 MINNEAPOLIS MN 55437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Chief Exec. Officer Christopher T. Gilson 2700 N. Haskell Ave, #1000 Dallas TX 75204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael J. Seats 8400 Normandale Lake Blvd, #600 Minneapolis, MN 55437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David C. Walker 3031 W. Grand Boulevard Detroit, MI 48201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 another like empowered.

SIGNATURE: Michael J. Seats, Secretary 1/7/2000 612/832-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)