

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90019 025 ***150.00

DOCUMENT # F95000005471

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

One Meridian Crossings

Suite, Apt. #, etc.

Suite 100

City & State

Minneapolis, MN

Zip

55423

Country

USA

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

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PARADIS, B J	
STREET ADDRESS	8400 NORMANDALE LAKE BLVD,STE 600	
CITY-ST-ZIP	MINN MN 55437	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	OLSON, DAVEE L	
STREET ADDRESS	8400 NORMANDALE LAKE BLVD. STE. 600	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, DAVID C	
STREET ADDRESS	3031 W GRAND BOULEVARD	
CITY-ST-ZIP	DETROIT MI 48201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce J. Paradis	
STREET ADDRESS	8400 Normandale Lake Blvd.	
CITY-ST-ZIP	Minneapolis, MN 55437	
TITLE	EVP/CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davee L. Olson	
STREET ADDRESS	8400 Normandale Lake Blvd.	
CITY-ST-ZIP	Minneapolis, MN 55437	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David C. Walker	
STREET ADDRESS	200 Renaissance Center	
CITY-ST-ZIP	Detroit, MI 48265	
TITLE	P/CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher T. Gilson	
STREET ADDRESS	2711 North Haskell Ave, Suite 1000	
CITY-ST-ZIP	Dallas, TX 78504	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Seats	
STREET ADDRESS	8400 Normandale Lake Blvd.	
CITY-ST-ZIP	Minneapolis, MN 55437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 all other like empowered.

SIGNATURE:

Michael J. Seats
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Seats, Secretary 1/31/01 (952) 932-700

Date

Daytime Phone #

CR2E034 (10/00)