

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90012 036 \*\*\*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  
**ONE MERIDIAN CROSSINGS  
SUITE 100  
MINNEAPOLIS, MN 55423 US**

2. Principal Place of Business  
**8400 Normandale Lake Boulevard**

3. Mailing Address  
**One Meridian Crossings**

Suite, Apt. #, etc.  
**Suite 250**

Suite, Apt. #, etc.  
**Suite 100, 03-02-20**

City & State  
**Minneapolis, Minnesota**

City & State  
**Richfield, Minnesota**

Zip  
**55437**

Country  
**United States**

Zip  
**55423**

Country  
**United States**

01062006 Chg-P CR2E034 (11/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**EVPO  
OLSON, DAVEE L  
8400 NORMANDALE LAKE BLVD.  
MINNEAPOLIS, MN 55437** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
WALKER, DAVID C  
200 RENAISSANCE CENTER  
DETROIT, MI 48265** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CFO  
OLSON, DAVEE L  
8400 NORMANDALE LAKE BLVD.  
MINNEAPOLIS, MN 55437** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PDCE  
GILSON, CHRISTOPHER T  
2711 NORTH HASKELL AVE STE 1000  
DALLAS, TX 75204** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SEVP  
SEATS, MICHAEL J  
8400 NORMANDALE LAKE BLVD.  
MINNEAPOLIS, MN 55437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
Olson, Davee L.  
8400 Normandale Lake Blvd.  
Minneapolis, MN 55437** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PDCEO  
Applegate, David  
8400 Normandale Lake Blvd.  
Minneapolis, MN 55437** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CFO  
Kenneth M. Duncan  
8400 Normandale Lake Blvd.  
Minneapolis, MN 55437** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Kenneth M. Duncan*

**Kenneth M. Duncan, Chief Financial Officer**

**01/11/2006 (952) 857-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #