

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005688 (5)**

1. Corporation Name
TCF AGENCY MINNESOTA, INC.



Principal Place of Business: **801 MARQUETTE AVE. MINNEAPOLIS MN 55402**
Mailing Address: **801 MARQUETTE AVE. MINNEAPOLIS MN 55402**

3. Date Incorporated or Qualified: **11/21/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **41-0771353**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

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
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	SCHROEDER, JOHN F 801 MARQUETTE AVE. MINNEAPOLIS MN 55402	<input type="checkbox"/> DELETE	1.1 TITLE: D 1.2 NAME: Cooper, William A 1.3 STREET ADDRESS: 801 Marquette Ave 1.4 CITY-ST-ZIP: Minneapolis MN 55402
TITLE: VD	TUITE, JAMES E 801 MARQUETTE AVE. MINNEAPOLIS MN 55402	<input type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: Evans, Robert E 2.3 STREET ADDRESS: 801 Marquette Ave 2.4 CITY-ST-ZIP: Minneapolis MN 55402
TITLE: VD	HUBBELL, ALAN C 801 MARQUETTE AVE. MINNEAPOLIS MN 55402	<input type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: Cusick, Thomas A 3.3 STREET ADDRESS: 801 Marquette Ave 3.4 CITY-ST-ZIP: Minneapolis MN 55402
TITLE: V	THORBERG, DANIEL T 801 MARQUETTE AVE. MINNEAPOLIS MN 55402	<input type="checkbox"/> DELETE	4.1 TITLE: T 4.2 NAME: Palmer, Ronald J 4.3 STREET ADDRESS: 801 Marquette Ave 4.4 CITY-ST-ZIP: Minneapolis MN 55402
TITLE: AV	GILSTAD, JULIE 801 MARQUETTE AVE. MINNEAPOLIS MN 55402	<input type="checkbox"/> DELETE	5.1 TITLE: AT 5.2 NAME: Lund, Mark R 5.3 STREET ADDRESS: 801 Marquette Ave 5.4 CITY-ST-ZIP: Minneapolis MN 55402
TITLE: S	GREEN, JOSEPH T 801 MARQUETTE AVE. MINNEAPOLIS MN 55402	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: Lorang, Ann 6.3 STREET ADDRESS: 801 Marquette Ave 6.4 CITY-ST-ZIP: Minneapolis MN 55402

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John F. Schroeder* 1/23/96 612-661-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone

CR2E034 (12/95)