

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

FILED

Feb 05 1997 8:00am  
Secretary of State



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

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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 55402-2807

3. Date Incorporated or Qualified: 11/21/1995  
3a. Date of Last Report: 01/30/1996  
4. FEI Number: 41-0771353  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 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: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHROEDER, JOHN F	
STREET ADDRESS	801 MARQUETTE AVE.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TUTE, JAMES E	
STREET ADDRESS	801 MARQUETTE AVE.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUBBELL, ALAN C	
STREET ADDRESS	801 MARQUETTE AVE.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THORBERG, DANIEL T	
STREET ADDRESS	801 MARQUETTE AVE.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	GILSTAD, JULIE	
STREET ADDRESS	801 MARQUETTE AVE.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREEN, JOSEPH T	
STREET ADDRESS	801 MARQUETTE AVE.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Schroeder, John F	
1.3 STREET ADDRESS	801 marquette Ave	
1.4 CITY-ST-ZIP	Minneapolis mn 55402	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gilstad, Julie	
5.3 STREET ADDRESS	801 marquette Ave	
5.4 CITY-ST-ZIP	Minneapolis mn 55402	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Julie K. Gilstad 1-30-97 612-661-9440  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)