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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 55402-2807

3. Date Incorporated or Qualified 11/21/1995
3a. Date of Last Report 01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME SCHROEDER, JOHN F
STREET ADDRESS 801 MARQUETTE AVE.
CITY-ST-ZIP MINNEAPOLIS MN 55402

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Schroeder, John F
1.3 STREET ADDRESS 801 marquette Ave
1.4 CITY-ST-ZIP Minneapolis mn 55402

TITLE VD ☐ DELETE
NAME TUITE, JAMES E
STREET ADDRESS 801 MARQUETTE AVE.
CITY-ST-ZIP MINNEAPOLIS MN 55402

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME HUBBELL, ALAN C
STREET ADDRESS 801 MARQUETTE AVE.
CITY-ST-ZIP MINNEAPOLIS MN 55402

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME THORBERG, DANIEL T
STREET ADDRESS 801 MARQUETTE AVE.
CITY-ST-ZIP MINNEAPOLIS MN 55402

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AV ☐ DELETE
NAME GILSTAD, JULIE
STREET ADDRESS 801 MARQUETTE AVE.
CITY-ST-ZIP MINNEAPOLIS MN 55402

5.1 TITLE V.P. ☒ Change ☐ Addition
5.2 NAME Gilstad, Julie
5.3 STREET ADDRESS 801 marquette Ave
5.4 CITY-ST-ZIP Minneapolis mn 55402

TITLE S ☐ DELETE
NAME GREEN, JOSEPH T
STREET ADDRESS 801 MARQUETTE AVE.
CITY-ST-ZIP MINNEAPOLIS MN 55402

6.1 TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97 612-661-9440
Date Daytime Phone #

CR2E034 (9/96)