

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

FILED

**Jan 26 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 11/21/1995 | 4. FEI Number 41-0771353 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 25 |
| 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHROEDER, JOHN F | |
| STREET ADDRESS | 801 MARQUETTE AVE. | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | TUITE, 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 | VP | <input type="checkbox"/> DELETE |
| NAME | GILSTAD, JULIE | |
| STREET ADDRESS | 801 MARQUETTE AVE. | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| 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 | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Palmer, Ronald J. | |
| 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 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 N. Gilstad REQUIRED 1-15-98 612-661-8400

CR2E034 (10/97)