

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005688

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90003 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1995

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE T ☒ DELETE

NAME PALMER RONALD J
STREET ADDRESS 801 MARQUETTE AVE
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE VD ☐ DELETE

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

TITLE V ☐ DELETE

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

TITLE VP ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition

1.2 NAME Brown, Neil W.
1.3 STREET ADDRESS 801 Marquette Ave.
1.4 CITY-ST-ZIP Minneapolis MN 55402

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE: *Julie Gilstad* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-99

612-661-8400

CR2E034 (11/98)