

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90354 024 \*\*\*150.00

DOCUMENT # F95000005688

1. Entity Name  
**TCF AGENCY MINNESOTA, INC.**

Principal Place of Business <b>MARQUETTE AVE. MINN MN 55402</b>	Mailing Address <b>801 MARQUETTE AVE. MINNEAPOLIS MN 55402-2807</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>41-0771353</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	<b>BROWN, NEIL W</b>
STREET ADDRESS	<b>801 MARQUETTE AVE</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55402</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VD HUBBELL, ALAN C</b>
STREET ADDRESS	<b>801 MARQUETTE AVE.</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55402</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>V THORBERG, DANIEL T</b>
STREET ADDRESS	<b>801 MARQUETTE AVE.</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55402</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP GILSTAD, JULIE</b>
STREET ADDRESS	<b>801 MARQUETTE AVE.</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55402</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>S GREEN, JOSEPH T</b>
STREET ADDRESS	<b>801 MARQUETTE AVE.</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55402</b>
TITLE	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julie Gilstad Julie Gilstad 4/25/00 (612) 661-8404  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)