


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000005688**  
 1. Entity Name  
**TCF AGENCY, INC.**



Principal Place of Business      Mailing Address  
**801 MARQUETTE AVE.**      **801 MARQUETTE AVE.**  
**MINNEAPOLIS, MN 55402**      **MINNEAPOLIS, MN 55402**



01192005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-0771353</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, NEIL W 200 LAKE STREET E. WAYZATA, MN 55391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THORBERG, DANIEL T 801 MARQUETTE AVE. MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILSTAD, JULIE 801 MARQUETTE AVE. MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, JOSEPH T 801 MARQUETTE AVE. MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, JOHN F 801 MARQUETTE AVENUE MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JETER, MARK L 801 MARQUETTE AVENUE MINNEAPOLIS, MN 55402

**DO NOT WRITE IN THIS SPACE**

U00000210143  
 U27U27U5-80068-003 150.00

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Greta van Meeteren, officer      Greta van Meeteren 1/19/05 612-661-8402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #