2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005688

Entity Name: TCF AGENCY, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
801 MARQUETTE AVE. MINNEAPOLIS, MN 55402				801 MARQUETTE AVE. 001-02-G MINNEAPOLIS, MN 55402		
Current Mailing Address:				New Mailing Address:		
801 MARQUETTE AVE. MINNEAPOLIS, MN 55402				801 MARQUETTE AVE. 001-02-G MINNEAPOLIS, MN 55402		
FEI Number: 41-0771353 FEI Number Applied For () FEI Nu				umber Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent:
1200 SOU PLANTATI The above	PORATION SYS TH PINE ISLAN ON, FL 33324 named entity se of Florida.	ND ROAD US	ourpose c	of changing i	ts registered o	office or registered agent, or both,
SIGNATUF	RE:					
		ic Signature of Registered Age	ent			Date
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip: Title:	JASPER, THOM 200 LAKE STRE WAYZATA, MN	EET E.		Title: Name: Address: City-St-Zip: Title:	JASPER, THOM 200 LAKE STR WAYZATA, MN	EET E.
Name: Address: City-St-Zip:	GILSTAD, JULIE 801 MARQUETT MINNEAPOLIS,	E FE AVE.		Name: Address: City-St-Zip:	GILSTAD, JULI 801 MARQUET MINNEAPOLIS	IE K TE AVE.
Title: Name: Address: City-St-Zip:	S () GREEN, JOSEF 801 MARQUETT MINNEAPOLIS,	ΓE AVE.		Title: Name: Address: City-St-Zip:	GREEN, JOSE	/ENUE S., SUITE 200
Title: Name: Address: City-St-Zip:	D () SCHROEDER, 3 801 MARQUETI MINNEAPOLIS,	TE AVENUE		Title: Name: Address: City-St-Zip:	KOON, JAMES	GE PARKWAY
Title: Name: Address: City-St-Zip:	D () JETER, MARK L 801 MARQUETI MINNEAPOLIS,	TE AVENUE		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	D () GILSTAD, JULIE 801 MARQUETI MINNEAPOLIS,	ΓE AVE		Title: Name: Address: City-St-Zip:	VP (X GOTTWALT, TI 200 LAKE STR WAYZATA, MN	EET E

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE GILSTAD PD 04/08/2009