

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90011 003 ***600.00

DOCUMENT # **F96000005987**

1. Corporation Name

GREEN TREE VENDOR SERVICES CORPORATION

Principal Place of Business

**3601 MINNESOTA DR
BLOOMINGTON MN 55435**

Mailing Address

**3601 MINNESOTA DR
BLOOMINGTON MN 55435**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

86-0834777

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

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 **VPS** ☒ DELETE
NAME **JEFFREY VANTHOURNOUT**
STREET ADDRESS **3601 MINNESOTA DRIVE SUITE 900**
CITY-ST-ZIP **BLOOMINGTON MN 55435**

TITLE **VPSD** ☐ DELETE
NAME **JOEL H GOTTESMAN**
STREET ADDRESS **1100 LANDMARK TOWERS 345 ST PETER ST**
CITY-ST-ZIP **SAINT PAUL MN 55102**

TITLE **VPT** ☐ DELETE
NAME **PHYLLIS A KNIGHT**
STREET ADDRESS **1700 LANDMARK TOWERS, 345 ST PETER STREET**
CITY-ST-ZIP **SAINT PAUL MN**

TITLE **VPS** ☐ DELETE
NAME **GEORGE MCMACKIN**
STREET ADDRESS **3601 MINNESOTA DRIVE SUITE #900**
CITY-ST-ZIP **BLOOMINGTON MN 55435**

TITLE **P** ☒ DELETE
NAME **FINN, EDWAD L**
STREET ADDRESS **1100 LANDMARK TOWERS, 345 ST PETER STREET**
CITY-ST-ZIP **ST PAUL MN 55102**

TITLE **VPS** ☐ DELETE
NAME **NANCY GAFFNEY**
STREET ADDRESS **95 NORTH ROUTE 17 SOUTH**
CITY-ST-ZIP **PARAMUS NJ 07652**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director & President** ☐ Change ☒ Addition
1.2 NAME **Bruce A. Crittenden**
1.3 STREET ADDRESS **1100 Landmark Towers, 345 St. Peter Street**
1.4 CITY-ST-ZIP **St. Paul, MN 55102**

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 **800 Landmark Towers, 345 St. Peter Street**
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **100 North Point Center East, Suite 200**
4.4 CITY-ST-ZIP **Alpharetta, GA 30202**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Senior VP, Corporate Taxes**
5.3 STREET ADDRESS **William T. Devaney, Jr.**
5.4 CITY-ST-ZIP **11825 N. Pennsylvania Street**
St. Paul, MN 55102

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

(651) 293-3400

CR2E034 (11/98)