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FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002583 (9)

1. Corporation Name
GTLT INC.

Principal Place of Business

W. LINDOW. % GREEN TREE. 300 LANDMARK TWR
345 ST. PETER STREET
ST. PAUL MN 55102

Mailing Address

W. LINDOW. % GREEN TREE. 300 LANDMARK TWR
345 ST. PETER STREET
ST. PAUL MN 55102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1997

4. FEI Number
41-1875105

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 D ☐ DELETE
NAME SPRENGER, MARK W
STREET ADDRESS 870 HUNT FARM ROAD
CITY-ST-ZIP ORONO MN 55358

TITLE D ☐ DELETE
NAME KAPLAN, EVE D
STREET ADDRESS 101 NATCHEZ AVENUE SOUTH
CITY-ST-ZIP GOLDEN VALLEY MN 55416

TITLE PD ☐ DELETE
NAME CHRISTOPHERSON, SHERYL A
STREET ADDRESS 116 HALLS HILL ST.
CITY-ST-ZIP ELLSWORTH WI 54011

TITLE VS ☐ DELETE
NAME SCHULTZ-FUGH, TAMARA M
STREET ADDRESS 10812 CAMBRIDGE COURT
CITY-ST-ZIP BURNSVILLE MN 55337

TITLE VCFO ☐ DELETE
NAME HATFIELD, CHRISTINA M
STREET ADDRESS 6236 GARFIELD AVENUE SOUTH
CITY-ST-ZIP RICHFIELD MN 55423

TITLE VAS ☐ DELETE
NAME STEINER, LYNN M
STREET ADDRESS 13225 54TH AVENUE NORTH
CITY-ST-ZIP PLYMOUTH MN 55442

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

327A8 612-244-0739

CP2E034 (10/97)