

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

DOCUMENT # F97000002583

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

2. Principal Place of Business

21 **180 East Fifth Street**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

St. Paul, MN

24 Zip **55101** 25 Country **USA**

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**

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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 55356**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-19-1999 90011 003 ***600.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)