

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90072 049 ***150.00

DOCUMENT # F97000002583

1. Entity Name

GTL INC.

Principal Place of Business

Mailing Address

**180 EAST FIFTH STREET
 SAINT PAUL MN 55101
 US**

**W. LINDOW. % CONSECO FINANCE
 300 LANDMARK TWR 345 ST. PETER STREET
 ST. PAUL MN 55102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1875105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HARTZELL, MARK D	
STREET ADDRESS	180 EAST FIFTH STREET 2ND FLOOR	
CITY-ST-ZIP	SAINT PAUL MN 55101	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, EVE D	
STREET ADDRESS	180 EAST FIFTH STREET 2ND FLOOR	
CITY-ST-ZIP	SAINT PAUL MN 55101	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHRISTOPHERSON, SHERYL A	
STREET ADDRESS	180 EAST FIFTH STREET 2ND FLOOR	
CITY-ST-ZIP	SAINT PAUL MN 55101	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SCHULTZ-FUGH, TAMARA M	
STREET ADDRESS	180 EAST FIFTH STREET 2ND FLOOR	
CITY-ST-ZIP	SAINT PAUL MN 55101	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	ROSAL, MELISSA A	
STREET ADDRESS	111 E WATER DR STE 3000	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EGAN, JAMES R	
STREET ADDRESS	180 EAST FIFTH STREET 2ND FLOOR	
CITY-ST-ZIP	SAINT PAUL MN 55101	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamara M. Schultz-Fugh* **Tamara M. Schultz-Fugh**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-20 **651293-4800**

Date

Daytime Phone #

CR2E034 (9/01)