

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90006 045 \*\*\*150.00

**DOCUMENT # F97000002583**

1. Entity Name  
GTLT INC.



Principal Place of Business  
180 EAST FIFTH STREET  
SAINT PAUL, MN 55101 US

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

**44004806**



01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

60 Livingston Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Paul, MN

City & State

4. FEI Number

41-1875105

Applied For

Not Applicable

Zip

55107

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CIT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HARTZELL, MARK D  
STREET ADDRESS 180 EAST FIFTH STREET 2ND FLOOR  
CITY-ST-ZIP SAINT PAUL, MN 55101

TITLE D ☐ Delete  
NAME KAPLAN, EVE D  
STREET ADDRESS 180 EAST FIFTH STREET 2ND FLOOR  
CITY-ST-ZIP SAINT PAUL, MN 55101

TITLE PD ☐ Delete  
NAME CHRISTOPHERSON, SHERYL A  
STREET ADDRESS 180 EAST FIFTH STREET 2ND FLOOR  
CITY-ST-ZIP SAINT PAUL, MN 55101

TITLE VS ☐ Delete  
NAME SCHULTZ-FUGH, TAMARA M  
STREET ADDRESS 180 EAST FIFTH STREET 2ND FLOOR  
CITY-ST-ZIP SAINT PAUL, MN 55101

TITLE VPAS ☐ Delete  
NAME ROSAL, MELISSA A  
STREET ADDRESS 111 E WATER DR STE 3000  
CITY-ST-ZIP CHICAGO, IL 60601

TITLE AS ☐ Delete  
NAME EGAN, JAMES R  
STREET ADDRESS 180 EAST FIFTH STREET 2ND FLOOR  
CITY-ST-ZIP SAINT PAUL, MN 55101

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 60 Livingston Ave  
CITY-ST-ZIP St Paul, MN 55107

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 60 Livingston Ave  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 60 Livingston Ave  
CITY-ST-ZIP St Paul, MN 55107

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamara Schultz-Fugh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/04

Daytime Phone #

651-243-4800