
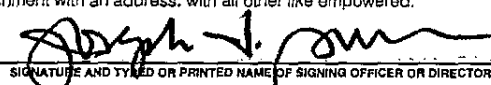


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005313			
1. Entity Name TCF LEASING, INC.			
Principal Place of Business 11100 WAYZATA BLVD., SUITE 801 MINNETONKA, MN 55305		Mailing Address 11100 WAYZATA BLVD., SUITE 801 MINNETONKA, MN 55305	
DO NOT WRITE IN THIS SPACE			
		03242005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 41-1943997	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAHL, CRAIG R 11100 WAYTATA BLVD STE 801 MINNETONKA, MN 55305	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NYQUIST, MARK D 11100 WAYTARA BLVD STE 801 MINNETONKA, MN 55305		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, NEIL W 200 LAKE STREET EAST WAYZATA, MN 55391		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PULLES, GREGORY 200 LAKE STREET EAST WAYZATA, MN 55391		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, JOSEPH T 801 MARQUETTE AVE. MINNEAPOLIS, MN 55402		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, WILLIAM A 200 LAKE STREET EAST WAYZATA, MN 55391		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		3-25-05 952-475-6498	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	