

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90050 008 ***150.00

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DOCUMENT # P20067 1. Entity Name TCF ASSET MANAGEMENT CORPORATION					
Principal Place of Business 5595 TRILLIUM BLVD. HOFFMAN ESTATES, IL 60192 US			Mailing Address 5595 TRILLIUM BLVD. HOFFMAN ESTATES, IL 60192 US		
2. Principal Place of Business 9399 W. Higgins Road, Suite 600 Suite, Apt. #, etc.		3. Mailing Address 9399 W. Higgins Road, Suite 600 Suite, Apt. #, etc.		01262004 Chg-P CR2E034 (10/03)	
City & State Rosemont, IL		City & State Rosemont, IL		4. FEI Number 84-0642550	
Zip 60018		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN DAMME, KEITH A <input type="checkbox"/> Delete 5595 TRILLIUM BLVD HOFFMAN ESTATES, IL 60192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary F. Krakowski 9399 W. Higgins Road, Suite 600 Rosemont, IL 60018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCD PERRELLI, ROSARIO A <input type="checkbox"/> Delete 5595 TRILLIUM BLVD. HOFFMAN ESTATES, IL 60192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT MOHR, JOHN J <input type="checkbox"/> Delete 5595 TRILLIUM BLVD. HOFFMAN ESTATES, IL 60192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HEBERTON, CRAIG <input checked="" type="checkbox"/> Delete 5595 TRILLIUM BLVD. HOFFMAN ESTATES, IL 60192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOENISKOETTER, STEVEN J <input checked="" type="checkbox"/> Delete 5595 TRILLIUM BLVD. HOFFMAN ESTATES, IL 60192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Mary F. Krakowski</i> Mary F. Krakowski			3/19/04 (847) 685-1120		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		