

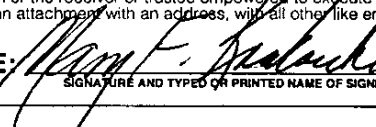


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90001 035 ***150.00

DOCUMENT # P20067 1. Entity Name TCF ASSET MANAGEMENT CORPORATION					
Principal Place of Business 9399 W. HIGGINS ROAD, SUITE 600 DES PLAINES, IL 60018 US			Mailing Address 9399 W. HIGGINS ROAD, SUITE 600 DES PLAINES, IL 60018 US		
2. Principal Place of Business 1900 E Golf Road, M-100 Suite, Apt. #, etc.		3. Mailing Address 1900 E Golf Road, M-100 Suite, Apt. #, etc.			
City & State Schaumburg, IL Zip 60173		City & State Schaumburg, IL Zip 60173		4. FEI Number 84-0642550	
Country USA		Country USA		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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 5595 TRILLIUM BLVD HOFFMAN ESTATES, IL 60192	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1900 East Golf Road, Suite M-100 Schaumburg, IL 60173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCD PERRELLI, ROSARIO A 5595 TRILLIUM BLVD HOFFMAN ESTATES, IL 60192	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director 1900 East Golf Road, Suite M-100 Schaumburg, IL 60173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT MOHR, JOHN J 5595 TRILLIUM BLVD HOFFMAN ESTATES, IL 60192	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1900 East Golf Road, Suite M-100 Schaumburg, IL 60173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KRAKOWSKI, MARY F 9399 W. HIGGINS ROAD, SUITE 600 DES PLAINES, IL 60018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1900 East Golf Road, Suite M-100 Schaumburg, IL 60173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary, EVP Hillery, Vincent E. 1900 East Golf Road, Suite M-100 Schaumburg, IL 60173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Bastian, Thomas J. 1900 East Golf Road, Suite M-100 Schaumburg, IL 60173	
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:  Mary F. Krakowski <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/10/05 <small>Date</small>		847-230-1120 <small>Daytime Phone #</small>

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