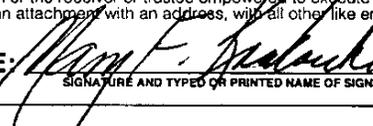


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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		3. Mailing Address 1900 E Golf Road, M-100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Schaumburg, IL		City & State Schaumburg, IL	
Zip 60173	Country USA	Zip 60173	Country USA
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCD PERRELLI, ROSARIO A 5595 TRILLIUM BLVD HOFFMAN ESTATES, IL 60192	<input type="checkbox"/> Delete	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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	1900 East Golf Road, Suite M-100 Schaumburg, IL 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	1900 East Golf Road, Suite M-100 Schaumburg, IL 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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	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		Date 8/10/05	Daytime Phone # 847-230-1120
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

50063400



07132005 Chg-P CR2E034 (10/03)

4. FEI Number 84-0642550 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required