

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S99694** (9)

1. Corporation Name

**TCW DEVELOPMENT CORP.**



Principal Place of Business

Mailing Address

**ATTN. FINANCIAL SERVICES  
400 SECOND AVE S  
MINNEAPOLIS MN 55401**

**ATTN. FINANCIAL SERVICES  
400 SECOND AVE S  
MINNEAPOLIS MN 55401**

3. Date Incorporated or Qualified  
**12/12/1991**

3a. Date of Last Report  
**03/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

**41-1712761**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDSTEIN, BRUCE S.  
220 E MADISON ST  
SUITE 724  
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **AVP  
THOMAS, GALE**  
STREET ADDRESS **602 SPRING LAKE BLVD**  
CITY - ST - ZIP **BRADENTON FL**

TITLE ☐ DELETE  
NAME **EVP  
PILSKALN, H**  
STREET ADDRESS **P.O. BOX 726 N/A**  
CITY - ST - ZIP **BAYFIELD WI**

TITLE ☐ DELETE  
NAME **VPS  
GREGORY, C G**  
STREET ADDRESS **5978 N HOBE CT**  
CITY - ST - ZIP **WHITE BEAR LAKE MN**

TITLE ☐ DELETE  
NAME **VPT  
CLEAVELAND, J B**  
STREET ADDRESS **10578 WELLINGTON LN**  
CITY - ST - ZIP **MAPLE GROVE MN**

TITLE ☐ DELETE  
NAME **VP  
PIERCE, S**  
STREET ADDRESS **15101 GREENHORN WAY**  
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE  
NAME **AS  
KUBAL, P J**  
STREET ADDRESS **9833 BALMORAL LN**  
CITY - ST - ZIP **EDEN PRAIRIE MN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE **Assistant Secretary** ☐ Change ☒ Addition  
12 NAME **Stoltzfus, J. B.**  
13 STREET ADDRESS **6050 Westbrook Road**  
14 CITY - ST - ZIP **Golden Valley, MN 55422**

2 1 TITLE **President** ☐ Change ☒ Addition  
22 NAME **Cecchetti, R. A.**  
23 STREET ADDRESS **22707 Panama Avenue**  
24 CITY - ST - ZIP **Prior Lake, MN**

3 1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*J. B. Cleaveland*

**J. B. Cleaveland**

**4-15-96**

**(612) 371-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)